

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY OLYMPIA FIELDS OSTEOPATHIC HOSPITAL (14-0172) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	788276	-224715	2459906	2
2.01	SUBPROVIDER II	-49025		215761	2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	739251	-224715	2675667	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 20201 SOUTH CRAWFORD AVE P.O.BOX: 1
 1.01 CITY: OLYMPIA FIELDS STATE: IL ZIP CODE: 60461 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	OLYMPIA FIELDS OSTEOPATHIC HOSPITA	14-0172	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
3.01	SUBPROVIDER II	OLYMPIA FIELDS REHAB	14-T172	07/01/1985	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ST. JAMES HHA	14-7267	05/24/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2009 TO: 12/31/2009 17
 18 TYPE OF CONTROL 1 2 4 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I							20
20.01	SUBPROVIDER II			5				20.01

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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			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 01600	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.							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).							21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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)	YES	YES	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
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: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	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	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
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)?						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.						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: 2229754 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.						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.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				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)		YES	NO			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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9713	5121	21379	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		9713	5121	21379	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
14.01	REHAB		359	17	466	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	100213750	379165	100592915	3650939.00	27.55		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	284315		284315	3720.00	76.43		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R	6754939		6754939	166400.00	40.59		6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	7752854	-110101	7642753	283534.00	26.96		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	11559222		11559222	283589.00	40.76		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	904425		904425	7837.00	115.40		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11174107		11174107	208454.00	53.60		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	23709476		23709476			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1865189		1865189			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	37918		37918			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1864770	-111590	1753180	91205.00	19.22		21
22	ADMINISTRATIVE & GENERAL	10540062	-64922	10475140	444530.00	23.56		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	737887		737887	2850.00	258.91		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	3936786		3936786	172186.00	22.86		24
25	LAUNDRY & LINEN SERVICE	227764		227764	14824.00	15.36		25
26	HOUSEKEEPING	2314183		2314183	179721.00	12.88		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2531826	-1654634	877192	60982.00	14.38		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1650032	1650032	114707.00	14.38		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1733345		1733345	44718.00	38.76		30
31	CENTRAL SERVICES AND SUPPLY	803610		803610	52821.00	15.21		31
32	PHARMACY	2182560		2182560	63009.00	34.64		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2431653		2431653	111061.00	21.89		33
34	SOCIAL SERVICE		670380	670380	21841.00	30.69		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	94196698	379165	94575863	3487389.00	27.12	1
2	EXCLUDED AREA SALARIES	7752854	-110101	7642753	283534.00	26.96	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	86443844	489266	86933110	3203855.00	27.13	3
4	SUBTOTAL OTHER WAGES & REL COSTS	23637754		23637754	499880.00	47.29	4
5	SUBTOTAL WAGE-RELATED COSTS	23747394		23747394		27.32%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	133828992	489266	134318258	3703735.00	36.27	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	29304446	489266	29793712	1374455.00	21.68	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		10631		393	11024	1
2 UNDUPLICATED CENSUS COUNT		1218.00		341.00	1559.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.60		.60	4
5 OTHER ADMINISTRATIVE PERSONNEL	13.10		13.10	5
6 DIRECT NURSING SERVICE	21.80		21.80	6
7 NURSING SUPERVISOR	3.20		3.20	7
8 PHYSICAL THERAPY SERVICE		8.86	8.86	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		2.75	2.75	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.20		.20	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.32	.32	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	5.30		5.30	16
17 HOME HEALTH AIDE SUPERVISOR	.90		.90	17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	15834	87	401	115		16437	21
22	SKILLED NURSING VISIT CHARGES	2929290	16095	74185	20905		3040475	22
23	PHYSICAL THERAPY VISITS	6604		9	81		6694	23
24	PHYSICAL THERAPY VISIT CHARGES	1252645		1700	15390		1269735	24
25	OCCUPATIONAL THERAPY VISITS	2376		6	24		2406	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	439560		1110	4440		445110	26
27	SPEECH PATHOLOGY VISITS	163			5		168	27
28	SPEECH PATHOLOGY VISIT CHARGES	30155			925		31080	28
29	MEDICAL SOCIAL SERVICE VISITS	291		3	7		301	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	68305		705	1645		70655	30
31	HOME HEALTH AIDE VISITS	5652		13	40		5705	31
32	HOME HEALTH AIDE VISIT CHARGES	593460		1365	4200		599025	32
33	TOTAL VISITS	30920	87	432	272		31711	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	5313415	16095	79065	47505		5456080	35
36	TOTAL NUMBER OF EPISODES	1678		175	17		1870	36
37	TOTAL NUMBER OF OUTLIER EPISODES		2				2	37
38	TOTAL MEDICAL SUPPLY CHARGES	144243	285	6591	157		151276	38

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	52294868	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	52294868	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.291030	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	152735889	28
29	TOTAL GROSS MEDICAID COST	44450726	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32039752	30
31	UNCOMPENSATED CARE COST	9324529	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	44450726	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		16377412	16377412	-1137728	15239684	-3381459	11858225	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11374385	11374385	11544	11385929	4
5	0500 EMPLOYEE BENEFITS	1864770	-3417784	-1553014	-142835	-1695849	-554	-1696403	5
6	0600 ADMINISTRATIVE & GENERAL	10540062	69562628	80102690	-2507926	77594764	-10736178	66858586	6
8	0800 OPERATION OF PLANT	3936786	11207923	15144709	-14062	15130647	-313277	14817370	8
9	0900 LAUNDRY & LINEN SERVICE	227764	1996636	2224400		2224400		2224400	9
10	1000 HOUSEKEEPING	2314183	2360626	4674809	-5642	4669167		4669167	10
11	1100 DIETARY	2531826	2913411	5445237	-3563925	1881312	-56045	1825267	11
12	1200 CAFETERIA				3538823	3538823	-1357807	2181016	12
14	1400 NURSING ADMINISTRATION	1733345	1023954	2757299	-470525	2286774	-12376	2274398	14
15	1500 CENTRAL SERVICES & SUPPLY	803610	4177609	4981219	-3746440	1234779	-1325640	-90861	15
16	1600 PHARMACY	2182560	11320870	13503430	-9818235	3685195	-121682	3563513	16
17	1700 MEDICAL RECORDS & LIBRARY	2431653	1079202	3510855		3510855	-25770	3485085	17
18	1800 SOCIAL SERVICE				858086	858086		858086	18
22	2200 I&R SERVICES-SALARY & FRINGES A		6816445	6816445		6816445		6816445	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)		376	376	142835	143211	-57301	85910	24
24.01	2401 RADIOLOGY PARAMEDICAL								24.01
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	26581891	9351336	35933227	-1154730	34778497	-379537	34398960	25
26	2600 INTENSIVE CARE UNIT	7233458	2892403	10125861	72000	10197861	-31108	10166753	26
31.01	3101 REHAB	1755167	581730	2336897	30000	2366897	-8702	2358195	31.01
33	3300 NURSERY				1625262	1625262		1625262	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4177153	14800407	18977560	-1111420	17866140	-247826	17618314	37
37.01	3701 SURGICENTER	220188	6236439	6456627	-500	6456127	-225875	6230252	37.01
38	3800 RECOVERY ROOM	1139076	547968	1687044		1687044	-116096	1570948	38
40	4000 ANESTHESIOLOGY	146302	8449864	8596166		8596166	-7867330	728836	40
41	4100 RADIOLOGY-DIAGNOSTIC	3117132	969646	4086778	-340125	3746653	-56984	3689669	41
41.01	4101 TCT SCAN	747325	531034	1278359	59371	1337730	-557124	780606	41.01
41.02	4102 MRI	588976	569005	1157981	51759	1209740	-47472	1162268	41.02
41.03	4103 HVI IMAGING	1089834	1796992	2886826	-322159	2564667		2564667	41.03
41.04	4104 BREAST DIAGNOSIS	648988	407666	1056654	114266	1170920	-10369	1160551	41.04
42	4200 RADIOLOGY-THERAPEUTIC	1086284	478376	1564660		1564660		1564660	42
43	4300 RADIOISOTOPE	609408	851099	1460507	55853	1516360		1516360	43
44	4400 LABORATORY		11299718	11299718	48000	11347718	-26631	11321087	44
49	4900 RESPIRATORY THERAPY	2567278	1231368	3798646	-37767	3760879		3760879	49
49.01	4901 SLEEP LAB	193370	64689	258059	17980	276039	-5540	270499	49.01
50	5000 PHYSICAL THERAPY	52	2242266	2242318		2242318		2242318	50
50.01	5001 OP PHYSICAL THERAPY		1100789	1100789		1100789	-4180	1096609	50.01
51	5100 OCCUPATIONAL THERAPY		1057292	1057292		1057292		1057292	51
52	5200 SPEECH PATHOLOGY	229081	70531	299612		299612		299612	52
53	5300 ELECTROCARDIOLOGY	978420	309291	1287711	460241	1747952	-193372	1554580	53
53.01	5301 CARDIAC REHABILITATION	604552	188542	793094	7939	801033		801033	53.01
53.02	5302 CATH LAB	1280560	3643624	4924184	187219	5111403	-8945	5102458	53.02
53.03	5303 INTERVENTIONAL CARD	485356	3857972	4343328	113918	4457246		4457246	53.03
54	5400 ELECTROENCEPHALOGRAPHY	49413	20124	69537	10000	79537	-1480	78057	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3746440	3746440		3746440	55
56	5600 DRUGS CHARGED TO PATIENTS				9818235	9818235	-6600	9811635	56
57	5700 RENAL DIALYSIS		1157920	1157920		1157920		1157920	57
58	5800 ASC (NON-DISTINCT PART)	2100034	644111	2744145		2744145		2744145	58
59	3951 WOUND CARE	343318	312105	655423		655423	-71915	583508	59
59.01	3952 OP ONCOLOGY	286995	86122	373117		373117	-9575	363542	59.01
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 PARTIAL HOSPITALIZATION								60.01
61	6100 EMERGENCY	7389893	3304736	10694629	45000	10739629	-44915	10694714	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY	2979652	2129393	5109045	-306050	4802995		4802995	71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		7856776	7856776	-7856776				88
93	9300 HOSPICE	85233	75140	160373		160373		160373	93
95	SUBTOTALS	97280948	214535782	311816730	-159233	311657497	-27298121	284359376	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	20354	496870	517224		517224		517224	96
97	9700 RESEARCH	43365	19726	63091		63091		63091	97
98	9800 PHYSICIANS' PRIVATE OFFICES	2869083	8356466	11225549	149363	11374912	-1285229	10089683	98
99	9900 NONPAID WORKERS				9870	9870		9870	99
100	7950 OTHER NONREIMBURSABLE COST CENT								100
100.01	7951 SENIOR FRIENDS								100.01
100.02	7952 OTHER NONREIMBURSABLE COST CENT								100.02
100.03	7953 OTHER NONREIMBURSABLE COST CENT								100.03
101	TOTAL	100213750	223408844	323622594		323622594	-28583350	295039244	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
			COST CENTER	LINE #		
2			2	3	4	
1	RENT/LEASE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		98582 1
2		A	NEW CAP REL COSTS-MVBLE EQUIP	4		2200421 2
3		A				3
4		A				4
5		A				5
6		A				6
7		A				7
8		A				8
9		A				9
10		A				10
11		A				11
12						12
13						13
14						14
15						15
16	EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		9173964 16
17						17
18	COST OF CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		3746440 18
19						19
20						20
21	COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		9818235 21
22						22
23						23
24	SOCIAL SERVICES	E	SOCIAL SERVICE	18	670380	187706 24
25						25
26						26
27						27
28	INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		7856776 28
29						29
30	CAFETERIA COSTS	G	CAFETERIA	12	1650032	1888791 30
31		G	NONPAID WORKERS	99	4602	5268 31
32						32
33	RADIOLOGY ADMIN COSTS	H	TCT SCAN	41.01	46384	12987 33
34		H	MRI	41.02	63378	17746 34
35		H	HVI IMAGING	41.03	82038	22971 35
36	SUBTOTAL				2516814	35029887 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 RENT/LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	6		885454	9 1
2	A	OPERATION OF PLANT	8		43649	9 2
3	A	HOUSEKEEPING	10		5642	3
4	A	DIETARY	11		15232	4
5	A	OPERATING ROOM	37		1175420	5
6	A	SURGICENTER	37.01		500	6
7	A	MRI	41.02		81358	7
8	A	HVI IMAGING	41.03		52841	8
9	A	RESPIRATORY THERAPY	49		37767	9
10	A	SLEEP LAB	49.01		1020	10
11	A	INTERVENTIONAL CARD	53.03		120	11
12						12
13						13
14						14
15						15
16 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		9173964	9 16
17						17
18 COST OF CHARGEABLE MEDICAL SUPPLI	C	CENTRAL SERVICES & SUPPLY	15		3746440	18
19						19
20						20
21 COST OF DRUGS SOLD	D	PHARMACY	16		9818235	21
22						22
23						23
24 SOCIAL SERVICES	E	ADMINISTRATIVE & GENERAL	6	670380	187706	24
25						25
26						26
27						27
28 INTEREST	F	INTEREST EXPENSE	88		7856776	9 28
29						29
30 CAFETERIA COSTS	G	DIETARY	11	1654634	1894059	30
31	G					31
32						32
33 RADIOLOGY ADMIN COSTS	H	RADIOLOGY-DIAGNOSTIC	41	305565	85558	33
34	H					34
35	H					35
36 SUBTOTAL				2630579	35061741	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	H	BREAST DIAGNOSIS	41.04	70130	19636	1
2	H	RADIOISOTOPE	43	43635	12218	2
3						3
4						4
5						5
6	I	RADIOLOGY-DIAGNOSTIC	41		50998	6
7	I	LABORATORY	44		48000	7
8	I	EMERGENCY	61		45000	8
9						9
10	J	ADMINISTRATIVE & GENERAL	6	226293	79757	10
11						11
12						12
13	K	NEW CAP REL COSTS-BLDG & FIXT	3		259828	13
14						14
15						15
16	L	NURSERY	33	1115352	509910	16
17						17
18	M	ADULTS & PEDIATRICS	25		52000	18
19	M	INTENSIVE CARE UNIT	26		72000	19
20	M	REHAB	31.01		30000	20
21	M	OPERATING ROOM	37		64000	21
22	M	ELECTROCARDIOLOGY	53		364270	22
23	M	SLEEP LAB	49.01		19000	23
24	M	CATH LAB	53.02		30840	24
25	M	ELECTROENCEPHALOGRAPHY	54		10000	25
26	M	BREAST DIAGNOSIS	41.04		24500	26
27						27
28	N	ELECTROCARDIOLOGY	53	52052	43919	28
29	N	CARDIAC REHABILITATION	53.01	4306	3633	29
30	N	CATH LAB	53.02	84818	71561	30
31	N	INTERVENTIONAL CARD	53.03	61851	52187	31
32						32
33	O	PARAMED ED PRGM-(SPECIFY)	24	111590	31245	33
34						34
35						35
36		SUBTOTAL		4286841	36924389	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	H				1	
2	H				2	
3					3	
4					4	
5					5	
6	I	ADMINISTRATIVE & GENERAL	6		6	
7	I				7	
8	I				8	
9					9	
10	J	HOME HEALTH AGENCY	71	226293	10	
11					11	
12					12	
13	K	ADMINISTRATIVE & GENERAL	6		9 13	
14					14	
15					15	
16	L	ADULTS & PEDIATRICS	25	1115352	16	
17					17	
18	M	ADMINISTRATIVE & GENERAL	6		18	
19	M				19	
20	M				20	
21	M				21	
22	M				22	
23	M				23	
24	M				24	
25	M				25	
26	M				26	
27					27	
28	N	HVI IMAGING	41.03	203027	171300	28
29	N					29
30	N					30
31	N					31
32						32
33	O	EMPLOYEE BENEFITS	5	111590	31245	33
34						34
35						35
36				4286841	36924389	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1					1
2					2
3	Q	ADULTS & PEDIATRICS	25		418532 3
4	Q	MRI	41.02		51993 4
5					5
6	R	ADMINISTRATIVE & GENERAL	6	379165	6
7					7
8	S	PHYSICIANS' PRIVATE OFFICES	98		149363 8
9	S	OPERATION OF PLANT	8		29587 9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		4666006	37573864 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1						1
2						2
3	Q	NURSING ADMINISTRATION	14		470525	3
4	Q					4
5						5
6	R	ADMINISTRATIVE & GENERAL	6		379165	6
7						7
8	S	NEW CAP REL COSTS-BLDG & FIXT	3		178950	9 8
9	S					9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		4286841	37953029	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	9271237					9271237		1
2 LAND IMPROVEMENTS	4180311	105167		105167	298816	3986662		2
3 BUILDINGS AND FIXTURES	112714127	3071592		3071592	3051486	112734233		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	90345669	2234039		2234039	2897824	89681884		5
6 MOVABLE EQUIPMENT	80730793	5790554		5790554	4750015	81771332		6
7 SUBTOTAL	297242137	11201352		11201352	10998141	297445348		7
8 RECONCILING ITEMS								8
9 TOTAL	297242137	11201352		11201352	10998141	297445348		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-458473	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-60109	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-9425381			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-6992783			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-6600	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-25770	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-36196	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-479865	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	14694	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37.05 CAFETERIA REVENUE	B	-1357807	CAFETERIA	12	37.05
37.15 PATIENT PHONE COSTS	A	-184218	ADMINISTRATIVE & GENERAL	6	37.15
37.17 PATIENT TV COSTS	A	-3150	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.17
37.18 PATIENT TV COSTS/REPAIRS	A	-5800	ADMINISTRATIVE & GENERAL	6	37.18
37.40 PROPERTY TAXES	A	-198198	OPERATION OF PLANT	8	37.40
37.41 PROPERTY TAXES	A	-1888423	ADMINISTRATIVE & GENERAL	6	37.41
37.44 PHYSICIAN FEES	A	-1285229	PHYSICIANS' PRIVATE OFFICES	98	37.44
37.61 MARKETING COSTS	A	-1068170	ADMINISTRATIVE & GENERAL	6	37.61
37.73 PRINT SHOP FEES	B	-672	ADMINISTRATIVE & GENERAL	6	37.73
37.75 DIABETES CENTER COSTS	A	-581103	ADMINISTRATIVE & GENERAL	6	37.75
37.77 NON-ALLOWABLE NON-OPER COSTS	A	-365084	ADMINISTRATIVE & GENERAL	6	37.77
37.78 TELECOMMUNICATIONS REVENUE	B	-77025	ADMINISTRATIVE & GENERAL	6	37.78
37.79 BABY PHOTOS	B	-1392	ADULTS & PEDIATRICS	25	37.79
37.82 RADIOLOGY PROGRAM FEES	B	-5986	RADIOLOGY-DIAGNOSTIC	41	37.82
37.84 DONATIONS	A	-22409	ADMINISTRATIVE & GENERAL	6	37.84
37.85 PARKING REVENUES	B	-115079	OPERATION OF PLANT	8	37.85
37.87 NON-ALLOWABLE ADMIN EXPENSES	A	-136164	ADMINISTRATIVE & GENERAL	6	37.87
37.88 PROGRAM FEES	B	-116096	RECOVERY ROOM	38	37.88
37.89 INTEREST EXPENSE	A	-1101313	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.89
37.91 CRNA FEES/SALARIES	A	-237779	ANESTHESIOLOGY	40	37.91
37.95 EMPLOYEE BADGES	B	-354	EMPLOYEE BENEFITS	5	37.95
37.98 SPECIAL FUNCTION MEALS	B	-7150	DIETARY	11	37.98
37.99 EKG PROGRAM FEES	B	-16695	ELECTROCARDIOLOGY	53	37.99
38					38
38.01 DIETARY DISCOUNTS/REBATES	B	-148	DIETARY	11	38.01
38.02 MEDICAL SUPPLY DISCOUNTS/REBATES	B	-1325640	CENTRAL SERVICES & SUPPLY	15	38.02
38.03 SENIOR ADVANTAGE	B	-83911	ADMINISTRATIVE & GENERAL	6	38.03
38.04 CT REVENUE	B	-513945	TCT SCAN	41.01	38.04
38.05 PHARMACY REBATES	B	-70883	PHARMACY	16	38.05

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/27/2010 05:09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER			
	1	2	3		4	5
38.08 RENTAL REVENUE	B	-61448	NEW CAP REL COSTS-BLDG & FIXT		3	9 38.08
38.09 OTHER MISCELLANEOUS REVENUE	B	-6270	ADMINISTRATIVE & GENERAL		6	38.09
38.17 RESEARCH COSTS	A	-183911	OPERATING ROOM		37	38.17
38.18 DIETETIC INSTRUCTION	B	-12551	DIETARY		11	38.18
39						39
39.11 EMT REVENUE	B	-57301	PARAMED ED PRGM-(SPECIFY)		24	39.11
39.12 MISC REVENUE	B	-200	EMPLOYEE BENEFITS		5	39.12
39.13 CASHIERING REVENUE	B	-11238	ADMINISTRATIVE & GENERAL		6	39.13
39.14 MISC REVENUE	B	-5945	ADULTS & PEDIATRICS		25	39.14
39.15 MISC REVENUE	B	-4180	OP PHYSICAL THERAPY		50.01	39.15
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-28583350				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						9 1
2	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	3019256	3019256	9 2
3	6	ADMINISTRATIVE & GENERAL	ADMIN/INFO SVCS	14298009	-5332722	3
4	37.01	SURGICENTER	RELATED PARTY EXPENSES	5359377	-225875	4
4.01	41.01	TCT SCAN	PURCHASED SERVICES	541656	-43179	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	3492444	-4299616	9 4.02
4.03	41.02	MRI	MRI PURCHASED SERVICES	140938	-47472	4.03
4.04	14	NURSING ADMINISTRATION	AMBULANCE SERVICES	445927	-12376	4.04
4.05	16	PHARMACY	CORPORATE ALLOCATION	757557	-50799	4.05
5		TOTALS		28055164	-6992783	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B			SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	1
B	SURBURBAN HEIGHTS MEDICAL CENT	100.00				2
						3
						4
						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	1197175	912860	284315	177200	3720	316915	15846
2	25	ADULTS & PEDIATRICS	416500		416500	177200	520	44300	2215
3	26	INTENSIVE CARE UNIT	72000		72000	177200	480	40892	2045
4	31.01	REHAB	30000		30000	177200	250	21298	1065
5	37	OPERATING ROOM	64000		64000	177200	1	85	4
6	41	RADIOLOGY-DIAGNOSTIC	50998	50998					
7	59.01	OP ONCOLOGY	9660		9660	177200	1	85	4
8	44	LABORATORY	48000		48000	185200	240	21369	1068
9	53.02	CATH LAB	30840		30840	177200	257	21894	1095
10	53	ELECTROCARDIOLOGY	364270		364270	177200	2202	187593	9380
11	49.01	SLEEP LAB	19000		19000	177200	158	13460	673
12	54	ELECTROENCEPHALOGRAPHY	10000		10000	177200	100	8519	426
13	59	WOUND CARE	72000		72000	177200	1	85	4
14	61	EMERGENCY	45000		45000	177200	1	85	4
15	40	ANESTHESIOLOGY	7629551	7629551					
16	41.04	BREAST DIAGNOSIS	24000		24000	177200	160	13631	682
101		TOTAL	10082994	8593409	1489585		8091	690211	34511

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER								
LINE NO.			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
10	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				316915		912860
2	25	ADULTS & PEDIATRICS	AGGREGATE				44300	372200	372200
3	26	INTENSIVE CARE UNIT	AGGREGATE				40892	31108	31108
4	31.01	REHAB	AGGREGATE				21298	8702	8702
5	37	OPERATING ROOM	AGGREGATE				85	63915	63915
6	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						50998
7	59.01	OP ONCOLOGY	AGGREGATE				85	9575	9575
8	44	LABORATORY	AGGREGATE				21369	26631	26631
9	53.02	CATH LAB	AGGREGATE	1	1		21895	8945	8945
10	53	ELECTROCARDIOLOGY	AGGREGATE				187593	176677	176677
11	49.01	SLEEP LAB	AGGREGATE				13460	5540	5540
12	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	1	1		8520	1480	1480
13	59	WOUND CARE	AGGREGATE				85	71915	71915
14	61	EMERGENCY	AGGREGATE				85	44915	44915
15	40	ANESTHESIOLOGY	AGGREGATE						7629551
16	41.04	BREAST DIAGNOSIS	AGGREGATE				13631	10369	10369
101		TOTAL		2	2		690213	831972	9425381

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	11858225	11858225							3
4 NEW CAP REL COSTS-MVBLE EQUIP	11385929		11385929						4
5 EMPLOYEE BENEFITS	-1696403	179526	172376	-1344501					5
6 ADMINISTRATIVE & GENERAL	66858586	971429	932738		68762753	68762753			6
8 OPERATION OF PLANT	14817370	1954288	1876452		18648110	5633463	24281573		8
9 LAUNDRY & LINEN SERVICE	2224400	132079	126818		2483297	750187	366398	3599882	9
10 HOUSEKEEPING	4669167	134556	129197		4932920	1490201	373270		10
11 DIETARY	1825267	118911	114175		2058353	621814	329869		11
12 CAFETERIA	2181016	281468	270257		2732741	825542	780818		12
14 NURSING ADMINISTRATION	2274398	22621	21720		2318739	700475	62751		14
15 CENTRAL SERVICES & SUPPLY	-90861	317143	304511		530793	160349	879783		15
16 PHARMACY	3563513	77940	74836		3716289	1122665	216214		16
17 MEDICAL RECORDS & LIBRARY	3485085	120462	115665		3721212	1124152	334174		17
18 SOCIAL SERVICE	858086	8527	8188		874801	264271	23655		18
22 I&R SERVICES-SALARY & FRINGES A	6816445	121829	116977		7055251	2131342	337965		22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	85910	6306	6055		98271	29687	17495		24
24.01 RADIOLOGY PARAMEDICAL									24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	34398960	1825783	1753065		37977808	11472876	5064892	2831107	25
26 INTENSIVE CARE UNIT	10166753	361259	346871		10874883	3285226	1002165	382904	26
31.01 REHAB	2358195	115608	111003		2584806	780852	320707	215699	31.01
33 NURSERY	1625262	71961	69095		1766318	533592	199627		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	17618314	969706	931084		19519104	5896585	2690054		37
37.01 SURGICENTER	6230252				6230252	1882116			37.01
38 RECOVERY ROOM	1570948	1523	1463		1573934	475474	4226		38
40 ANESTHESIOLOGY	728836	74595	71624		875055	264348	206933		40
41 RADIOLOGY-DIAGNOSTIC	3689669	487017	467620		4644306	1403012	1351030		41
41.01 TCT SCAN	780606	17652	16949		815207	246268	48969		41.01
41.02 MRI	1162268	30649	29429		1222346	369262	85024		41.02
41.03 HVI IMAGING	2564667				2564667	774768			41.03
41.04 BREAST DIAGNOSIS	1160551				1160551	350594			41.04
42 RADIOLOGY-THERAPEUTIC	1564660	244612	234869		2044141	617521	678575		42
43 RADIOISOTOPE	1516360	41810	40145		1598315	482840	115985		43
44 LABORATORY	11321087	329570	316444		11967101	3615177	914258		44
49 RESPIRATORY THERAPY	3760879	39775	38190		3838844	1159688	110338		49
49.01 SLEEP LAB	270499	28628	27488		326615	98668	79417		49.01
50 PHYSICAL THERAPY	2242318	92874	89175		2424367	732384	257640		50
50.01 OP PHYSICAL THERAPY	1096609				1096609	331278			50.01
51 OCCUPATIONAL THERAPY	1057292	137332	131862		1326486	400722	380971		51
52 SPEECH PATHOLOGY	299612	2150	2064		303826	91784	5963		52
53 ELECTROCARDIOLOGY	1554580	217365	208707		1980652	598341	602990		53
53.01 CARDIAC REHABILITATION	801033	81286	78048		960367	290120	225494		53.01
53.02 CATH LAB	5102458	175369	168385		5446212	1645263	486491		53.02
53.03 INTERVENTIONAL CARD	4457246	114882	110306		4682434	1414531	318693		53.03
54 ELECTROENCEPHALOGRAPHY	78057	25937	24904		128898	38939	71953		54
55 MEDICAL SUPPLIES CHARGED TO PAT	3746440				3746440	1131773			55
56 DRUGS CHARGED TO PATIENTS	9811635				9811635	2964026			56
57 RENAL DIALYSIS	1157920				1157920	349800			57
58 ASC (NON-DISTINCT PART)	2744145	442303	424686		3611134	1090898	1226988		58
59 WOUND CARE	583508	48558	46624		678690	205027	134704		59
59.01 OP ONCOLOGY	363542	7958	7641		379141	114536	22076		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY	10694714	437263	419848		11551825	3489725	1213008		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	4802995				4802995	1450951			71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	160373	114711	110142		385226	116374	318219	170172	93
95 SUBTOTALS	284359376	10985221	10547696		283992640	65019487	21859782	3599882	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	517224	27347	26258		570829	172443	75862		96
97 RESEARCH	63091	94867	91088		249046	75235	263169		97
98 PHYSICIANS' PRIVATE OFFICES	10089683	750790	720887		11561360	3492606	2082760		98
99 NONPAID WORKERS	9870				9870	2982			99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER				-1344501	-1344501				102
103 TOTAL	295039244	11858225	11385929	-1344501	295039244	68762753	24281573	3599882	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
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
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	6796391								10
11 DIETARY	88019	3098055							11
12 CAFETERIA	208345		4547446						12
14 NURSING ADMINISTRATION	16744		78554	3177263					14
15 CENTRAL SERVICES & SUPPLY	234752		92788		1898465				15
16 PHARMACY	57692		110685		6896	5230441			16
17 MEDICAL RECORDS & LIBRARY	89167		195095		1		5463801		17
18 SOCIAL SERVICE	6312		38367					1207406	18
22 I&R SERVICES-SALARY & FRINGES A	90179								22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	4668		8242	556					24
24.01 RADIOLOGY PARAMEDICAL INPATIENT ROUTINE SERV COST CENTERS									24.01
25 ADULTS & PEDIATRICS	1351467	2436448	1526329	1492234	75064	34000	701562	957327	25
26 INTENSIVE CARE UNIT	267407	329527	344015	336329	30319	8874	168663	119787	26
31.01 REHAB	85574	185630	103105	100801	4207	895	49440	69916	31.01
33 NURSERY	53266		56564	55300			30527		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	717785		274301	268172	786176	10710	425796		37
37.01 SURGICENTER			13695		37272		108485		37.01
38 RECOVERY ROOM	1127		50305	49181	1079	121	80237		38
40 ANESTHESIOLOGY	55216		7879	7703	27994	56681	93403		40
41 RADIOLOGY-DIAGNOSTIC	360494		152874		4414	4448	245501		41
41.01 TCT SCAN	13066		44765		5283	60531	441450		41.01
41.02 MRI	22687		42785		7273	332	108478		41.02
41.03 HVI IMAGING					31540	130635	101557		41.03
41.04 BREAST DIAGNOSIS					13186		32035		41.04
42 RADIOLOGY-THERAPEUTIC	181064		53218		5924	296	82953		42
43 RADIOISOTOPE	30948		29459		36778	1156	92101		43
44 LABORATORY	243951						527680		44
49 RESPIRATORY THERAPY	29441		154928	151466	27429	27872	194452		49
49.01 SLEEP LAB	21191		13231		569		14148		49.01
50 PHYSICAL THERAPY	68746		425		4945	17	63346		50
50.01 OP PHYSICAL THERAPY					233		30294		50.01
51 OCCUPATIONAL THERAPY	101654				937	1020	35624		51
52 SPEECH PATHOLOGY	1591		10821		60		6540		52
53 ELECTROCARDIOLOGY	160895		59795	58459	966	746	158603		53
53.01 CARDIAC REHABILITATION	60168		33993	33233			13120		53.01
53.02 CATH LAB	129810		61674	60296	221421	39913	258428		53.02
53.03 INTERVENTIONAL CARD	85037		24876	24320	258082	2577	188460		53.03
54 ELECTROENCEPHALOGRAPHY	19199		6674	6524	328		8386		54
55 MEDICAL SUPPLIES CHARGED TO PAT					217367		183829		55
56 DRUGS CHARGED TO PATIENTS						4763155	430668		56
57 RENAL DIALYSIS					1575		35349		57
58 ASC (NON-DISTINCT PART)	327396		105388	103034	2531	107	34756		58
59 WOUND CARE	35943		18745		9312	274	7109		59
59.01 OP ONCOLOGY	5890		14708	14380		1443	10206		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY	323666		424765	415275	45057	14550	500615	60376	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY			145191		7250	478			71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	84910	146450	3654		2014	2577			93
95 SUBTOTALS	5635467	3098055	4301893	3177263	1873482	5163408	5463801	1207406	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	20242		3824						96
97 RESEARCH	70221		4314		2				97
98 PHYSICIANS' PRIVATE OFFICES	1070461		237415		24981	67033			98
99 NONPAID WORKERS									99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6796391	3098055	4547446	3177263	1898465	5230441	5463801	1207406	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
8						8
9						9
10						10
11						11
12						12
14						14
15						15
16						16
17						17
18						18
22	9614737					22
23						23
24						24
24.01		158919				24.01
RADIOLOGY PARAMEDICAL						
INPATIENT ROUTINE SERV COST CENTERS						
25	9467821		75388935	-9467821	65921114	25
26			17150099		17150099	26
31.01	146916		4648548	-146916	4501632	31.01
33			2695194		2695194	33
ANCILLARY SERVICE COST CENTERS						
37			30588683		30588683	37
37.01			8271820		8271820	37.01
38			2235684		2235684	38
40			1595212		1595212	40
41			8166079		8166079	41
41.01			1675539		1675539	41.01
41.02			1858187		1858187	41.02
41.03			3603167		3603167	41.03
41.04			1556366		1556366	41.04
42			3663692		3663692	42
43			2387582		2387582	43
44			17268167		17268167	44
49			5694458		5694458	49
49.01			553839		553839	49.01
50			3551870		3551870	50
50.01			1458414		1458414	50.01
51			2247414		2247414	51
52			420585		420585	52
53			3621447		3621447	53
53.01			1616495		1616495	53.01
53.02			8349508		8349508	53.02
53.03			6999010		6999010	53.03
54			280901		280901	54
55			5279409		5279409	55
56			17969484		17969484	56
57			1544644		1544644	57
58			6502232		6502232	58
59			1089804		1089804	59
59.01			562380		562380	59.01
OUTPATIENT SERVICE COST CENTERS						
60.01						60.01
61		158919	18197781		18197781	61
62						62
OTHER REIMBURSABLE COST CENTERS						
71			6406865		6406865	71
SPECIAL PURPOSE COST CENTERS						
93			1229596		1229596	93
95	9614737	158919	276329090	-9614737	266714353	95
NONREIMBURSABLE COST CENTERS						
96			843200		843200	96
97			661987		661987	97
98			18536616		18536616	98
99			12852		12852	99
100						100
100.01						100.01
100.02						100.02
100.03						100.03
101						101
102			-1344501		-1344501	102
103	9614737	158919	295039244	-9614737	285424507	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		179526	172376	351902	351902				5
6		971429	932738	1904167		1904167			6
8		1954288	1876452	3830740		156010	3986750		8
9		132079	126818	258897		20775	60158	339830	9
10		134556	129197	263753		41269	61287		10
11		118911	114175	233086		17220	54161		11
12		281468	270257	551725		22862	128201		12
14		22621	21720	44341		19399	10303		14
15		317143	304511	621654		4441	144450		15
16		77940	74836	152776		31090	35500		16
17		120462	115665	236127		31132	54867		17
18		8527	8188	16715		7319	3884		18
22		121829	116977	238806		59024	55490		22
23									23
24		6306	6055	12361		822	2872		24
24.01									24.01
RADIOLOGY PARAMEDICAL INPATIENT ROUTINE SERV COST CENTERS									
25		1825783	1753065	3578848		317612	831597	267258	25
26		361259	346871	708130		90979	164544	36146	26
31.01		115608	111003	226611		21624	52656	20362	31.01
33		17961	69095	141056		14777	32776		33
ANCILLARY SERVICE COST CENTERS									
37		969706	931084	1900790		163297	441675		37
37.01						52122			37.01
38		1523	1463	2986		13168	694		38
40		74595	71624	146219		7321	33976		40
41		487017	467620	954637		38854	221823		41
41.01		17652	16949	34601		6820	8040		41.01
41.02		30649	29429	60078		10226	13960		41.02
41.03						21456			41.03
41.04						9709			41.04
42		244612	234869	479481		17101	111414		42
43		41810	40145	81955		13372	19043		43
44		329570	316444	646014		100117	150111		44
49		39775	38190	77965		32116	18116		49
49.01		28628	27488	56116		2732	13039		49.01
50		92874	89175	182049		20282	42301		50
50.01						9174			50.01
51		137332	131862	269194		11097	62551		51
52		2150	2064	4214		2542	979		52
53		217365	208707	426072		16570	99004		53
53.01		81286	78048	159334		8034	37023		53.01
53.02		175369	168385	343754		45563	79876		53.02
53.03		114882	110306	225188		39173	52326		53.03
54		25937	24904	50841		1078	11814		54
55						31343			55
56						82084			56
57						9687			57
58		442303	424686	866989		30211	201457		58
59		48558	46624	95182		5678	22117		59
59.01		7958	7641	15599		3172	3625		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01									60.01
61		437263	419848	857111		96643	199162		61
62									62
OTHER REIMBURSABLE COST CENTERS									
71						40182			71
SPECIAL PURPOSE COST CENTERS									
93		114711	110142	224853		3223	52248	16064	93
95		10985221	10547696	21532917		1800502	3589120	339830	95
NONREIMBURSABLE COST CENTERS									
96		27347	26258	53605		4776	12456		96
97		94867	91088	185955		2084	43209		97
98		750790	720887	1471677		96722	341965		98
99						83			99
100									100
100.01									100.01
100.02									100.02
100.03									100.03
101									101
102					351902				102
103		11858225	11385929	23244154	351902	1904167	3986750	339830	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
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
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	366309								10
11 DIETARY	4744	309211							11
12 CAFETERIA	11229		714017						12
14 NURSING ADMINISTRATION	902		12334	87279					14
15 CENTRAL SERVICES & SUPPLY	12653		14569		761330				15
16 PHARMACY	3109		17379		2765	242619			16
17 MEDICAL RECORDS & LIBRARY	4806		30633				357565		17
18 SOCIAL SERVICE	340		6024						18
22 I&R SERVICES-SALARY & FRINGES A	4860							34282	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	252		1294	15					24
24.01 RADIOLOGY PARAMEDICAL									24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	72842	243178	239658	40991	30103	1577	45671	27182	25
26 INTENSIVE CARE UNIT	14413	32889	54015	9239	12159	412	11046	3401	26
31.01 REHAB	4612	18527	16189	2769	1687	41	3238	1985	31.01
33 NURSERY	2871		8881	1519			1999		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	38687		43069	7367	315272	497	27887		37
37.01 SURGICENTER			2150		14947		7105		37.01
38 RECOVERY ROOM	61		7899	1351	433	6	5255		38
40 ANESTHESIOLOGY	2976		1237	212	11226	2629	6117		40
41 RADIOLOGY-DIAGNOSTIC	19430		24004		1770	206	16079		41
41.01 TCT SCAN	704		7029		2119	2808	28912		41.01
41.02 MRI	1223		6718		2917	15	7105		41.02
41.03 HVI IMAGING					12648	6060	6651		41.03
41.04 BREAST DIAGNOSIS					5288		2098		41.04
42 RADIOLOGY-THERAPEUTIC	9759		8356		2376	14	5433		42
43 RADIOISOTOPE	1668		4626		14749	54	6032		43
44 LABORATORY	13148						34560		44
49 RESPIRATORY THERAPY	1587		24326	4161	11000	1293	12735		49
49.01 SLEEP LAB	1142		2077		228		927		49.01
50 PHYSICAL THERAPY	3705		67		1983	1	4149		50
50.01 OP PHYSICAL THERAPY					93		1984		50.01
51 OCCUPATIONAL THERAPY	5479				376	47	2333		51
52 SPEECH PATHOLOGY	86		1699		24		428		52
53 ELECTROCARDIOLOGY	8672		9389	1606	388	35	10387		53
53.01 CARDIAC REHABILITATION	3243		5337	913			859		53.01
53.02 CATH LAB	6996		9684	1656	88796	1851	16925		53.02
53.03 INTERVENTIONAL CARD	4583		3906	668	103498	120	12343		53.03
54 ELECTROENCEPHALOGRAPHY	1035		1048	179	131		549		54
55 MEDICAL SUPPLIES CHARGED TO PAT	1937		2943		87170		12040		55
56 DRUGS CHARGED TO PATIENTS						220942	28206		56
57 RENAL DIALYSIS					632		2315		57
58 ASC (NON-DISTINCT PART)	17646		16548	2830	1015	5	2276		58
59 WOUND CARE	1937		2943		3734	13	466		59
59.01 OP ONCOLOGY	317		2309	395		67	668		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY	17445		66694	11408	18069	675	32787	1714	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY			22797		2907	22			71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	4576	14617	574		808	120			93
95 SUBTOTALS	303738	309211	675462	87279	751311	239510	357565	34282	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1091		600						96
97 RESEARCH	3785		677		1				97
98 PHYSICIANS' PRIVATE OFFICES	57695		37278		10018	3109			98
99 NONPAID WORKERS									99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER					36437				102
103 TOTAL	366309	309211	714017	87279	797767	242619	357565	34282	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	SALARY & FRINGES	EDUCATION		POST STEP- DOWN ADJS	
	22	24	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES A	358180				22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)		17616			24
24.01 RADIOLOGY PARAMEDICAL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS			5696517		25
26 INTENSIVE CARE UNIT			1137373		26
31.01 REHAB			370301		31.01
33 NURSERY			203879		33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			2938541		37
37.01 SURGICENTER			76324		37.01
38 RECOVERY ROOM			31853		38
40 ANESTHESIOLOGY			211913		40
41 RADIOLOGY-DIAGNOSTIC			1276803		41
41.01 TCT SCAN			91033		41.01
41.02 MRI			102242		41.02
41.03 HVI IMAGING			46815		41.03
41.04 BREAST DIAGNOSIS			17095		41.04
42 RADIOLOGY-THERAPEUTIC			633934		42
43 RADIOISOTOPE			141499		43
44 LABORATORY			943950		44
49 RESPIRATORY THERAPY			183299		49
49.01 SLEEP LAB			76261		49.01
50 PHYSICAL THERAPY			254537		50
50.01 OP PHYSICAL THERAPY			11251		50.01
51 OCCUPATIONAL THERAPY			351077		51
52 SPEECH PATHOLOGY			9972		52
53 ELECTROCARDIOLOGY			572123		53
53.01 CARDIAC REHABILITATION			214743		53.01
53.02 CATH LAB			595101		53.02
53.03 INTERVENTIONAL CARD			441805		53.03
54 ELECTROENCEPHALOGRAPHY			66675		54
55 MEDICAL SUPPLIES CHARGED TO PAT			130553		55
56 DRUGS CHARGED TO PATIENTS			331232		56
57 RENAL DIALYSIS			12634		57
58 ASC (NON-DISTINCT PART)			1138977		58
59 WOUND CARE			132070		59
59.01 OP ONCOLOGY			26152		59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY			1301708		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY			65908		71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE			317083		93
95 SUBTOTALS			20153233		95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN			72528		96
97 RESEARCH			235711		97
98 PHYSICIANS' PRIVATE OFFICES			2018464		98
99 NONPAID WORKERS			83		99
100 OTHER NONREIMBURSABLE COST CENT					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CENT					100.02
100.03 OTHER NONREIMBURSABLE COST CENT					100.03
101 CROSS FOOT ADJUSTMENTS	358180	17616	375796		101
102 NEGATIVE COST CENTER			388339		102
103 TOTAL	358180	17616	23244154		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	+ LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	MEALS SERVED	PROD FTE'S	ADMINIS- TRATION NURS DIRECT FTE	SUPPLY COSTED REQUI	* COSTED REQUI	RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
100.03 OTHER NONREIMBURSABLE COST CE									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3599882	6796391	3098055	4547446	3177263	1898465	5230441	5463801	103
104 UNIT COST MULT-WS B PT I	35.319970		30.396332		1.717403		.485134		104
104 UNIT COST MULT-WS B PT I		10.537383		1.756649		.069554		.006138	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	339830	366309	309211	714017	87279	761330	242619	357565	107
108 UNIT COST MULT-WS B PT III	3.334216		3.033800		.047177		.022503		108
108 UNIT COST MULT-WS B PT III		.567939		.275820		.027893		.000402	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	24	24.01	
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
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	9999				18
22 I&R SERVICES-SALARY & FRINGES		187824			22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)			10000		24
24.01 RADIOLOGY PARAMEDICAL				10000	24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	7928	184954			25
26 INTENSIVE CARE UNIT	992				26
31.01 REHAB	579	2870			31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN				5000	41.01
41.02 MRI				5000	41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY	500		10000		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS	9999	187824	10000	10000	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
100 OTHER NONREIMBURSABLE COST CE					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CE					100.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	PARAMED	RADIOLOGY	
	SERVICE	SALARY & FRINGES	EDUCATION	PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	24	24.01	
100.03 OTHER NONREIMBURSABLE COST CE					100.03
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	1207406	9614737	158919		103
104 UNIT COST MULT-WS B PT I	120.752675		15.891900		104
104 UNIT COST MULT-WS B PT I		51.190141			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	34282	358180	17616		107
108 UNIT COST MULT-WS B PT III	3.428543		1.761600		108
108 UNIT COST MULT-WS B PT III		1.906998			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	65921114		65921114	372200	66293314	25
26 INTENSIVE CARE UNIT	17150099		17150099	31108	17181207	26
31.01 REHAB	4501632		4501632	8702	4510334	31.01
33 NURSERY	2695194		2695194		2695194	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30588683		30588683	63915	30652598	37
37.01 SURGICENTER	8271820		8271820		8271820	37.01
38 RECOVERY ROOM	2235684		2235684		2235684	38
40 ANESTHESIOLOGY	1595212		1595212		1595212	40
41 RADIOLOGY-DIAGNOSTIC	8166079		8166079		8166079	41
41.01 TCT SCAN	1675539		1675539		1675539	41.01
41.02 MRI	1858187		1858187		1858187	41.02
41.03 HVI IMAGING	3603167		3603167		3603167	41.03
41.04 BREAST DIAGNOSIS	1556366		1556366	10369	1566735	41.04
42 RADIOLOGY-THERAPEUTIC	3663692		3663692		3663692	42
43 RADIOISOTOPE	2387582		2387582		2387582	43
44 LABORATORY	17268167		17268167	26631	17294798	44
49 RESPIRATORY THERAPY	5694458		5694458		5694458	49
49.01 SLEEP LAB	553839		553839	5540	559379	49.01
50 PHYSICAL THERAPY	3551870		3551870		3551870	50
50.01 OP PHYSICAL THERAPY	1458414		1458414		1458414	50.01
51 OCCUPATIONAL THERAPY	2247414		2247414		2247414	51
52 SPEECH PATHOLOGY	420585		420585		420585	52
53 ELECTROCARDIOLOGY	3621447		3621447	176677	3798124	53
53.01 CARDIAC REHABILITATION	1616495		1616495		1616495	53.01
53.02 CATH LAB	8349508		8349508	8945	8358453	53.02
53.03 INTERVENTIONAL CARD	6999010		6999010		6999010	53.03
54 ELECTROENCEPHALOGRAPHY	280901		280901	1480	282381	54
55 MEDICAL SUPPLIES CHARGED TO	5279409		5279409		5279409	55
56 DRUGS CHARGED TO PATIENTS	17969484		17969484		17969484	56
57 RENAL DIALYSIS	1544644		1544644		1544644	57
58 ASC (NON-DISTINCT PART)	6502232		6502232		6502232	58
59 WOUND CARE	1089804		1089804	71915	1161719	59
59.01 OP ONCOLOGY	562380		562380	9575	571955	59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	18197781		18197781	44915	18242696	61
62 OBSERVATION BEDS (NON-DISTI	3805861		3805861		3805861	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	262883753		262883753	831972	263715725	101
102 LESS OBSERVATION BEDS	3805861		3805861		3805861	102
103 TOTAL	259077892		259077892	831972	259909864	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	105641469		105641469			25
26 INTENSIVE CARE UNIT	27478482		27478482			26
31.01 REHAB	8054805		8054805			31.01
33 NURSERY	4973472		4973472			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	44950689	24419849	69370538	.440946	.440946	.441868 37
37.01 SURGICENTER		17674262	17674262	.468015	.468015	.468015 37.01
38 RECOVERY ROOM	8285713	4786497	13072210	.171026	.171026	.171026 38
40 ANESTHESIOLOGY	8571187	6645924	15217111	.104830	.104830	.104830 40
41 RADIOLOGY-DIAGNOSTIC	18522170	21474773	39996943	.204168	.204168	.204168 41
41.01 TCT SCAN	36481550	35439254	71920804	.023297	.023297	.023297 41.01
41.02 MRI	8754477	8918714	17673191	.105142	.105142	.105142 41.02
41.03 HVI IMAGING	3858024	12687527	16545551	.217773	.217773	.217773 41.03
41.04 BREAST DIAGNOSIS		5219129	5219129	.298204	.298204	.300191 41.04
42 RADIOLOGY-THERAPEUTIC	1100739	12413911	13514650	.271090	.271090	.271090 42
43 RADIOISOTOPE	8315374	6689642	15005016	.159119	.159119	.159119 43
44 LABORATORY	59302130	26667206	85969336	.200864	.200864	.201174 44
49 RESPIRATORY THERAPY	28949666	2730424	31680090	.179749	.179749	.179749 49
49.01 SLEEP LAB	5586	2299426	2305012	.240276	.240276	.242679 49.01
50 PHYSICAL THERAPY	6854317	3465992	10320309	.344163	.344163	.344163 50
50.01 OP PHYSICAL THERAPY		4935514	4935514	.295494	.295494	.295494 50.01
51 OCCUPATIONAL THERAPY	4324683	1479177	5803860	.387227	.387227	.387227 51
52 SPEECH PATHOLOGY	882556	182923	1065479	.394738	.394738	.394738 52
53 ELECTROCARDIOLOGY	18164599	7674931	25839530	.140151	.140151	.146989 53
53.01 CARDIAC REHABILITATION	62371	2075172	2137543	.756240	.756240	.756240 53.01
53.02 CATH LAB	34456635	7646336	42102971	.198312	.198312	.198524 53.02
53.03 INTERVENTIONAL CARD	19603893	11099912	30703805	.227953	.227953	.227953 53.03
54 ELECTROENCEPHALOGRAPHY	644156	722095	1366251	.205600	.205600	.206683 54
55 MEDICAL SUPPLIES CHARGED TO	22013555	7935757	29949312	.176278	.176278	.176278 55
56 DRUGS CHARGED TO PATIENTS	59624440	10539719	70164159	.256106	.256106	.256106 56
57 RENAL DIALYSIS	5652256	106827	5759083	.268210	.268210	.268210 57
58 ASC (NON-DISTINCT PART)	1085926	4576439	5662365	1.148324	1.148324	1.148324 58
59 WOUND CARE	10644	1147520	1158164	.940976	.940976	1.003070 59
59.01 OP ONCOLOGY		1662748	1662748	.338223	.338223	.343982 59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	29399077	52160856	81559933	.223122	.223122	.223672 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	1383938	7322357	8706295	.437139	.437139	.437139 62
101 SUBTOTAL	577408579	312800813	890209392			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	577408579	312800813	890209392			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				5696517		5696517	25
26 INTENSIVE CARE UNIT				1137373		1137373	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
31.01 REHAB				370301		370301	31.01
33 NURSERY				203879		203879	33
101 TOTAL				7408070		7408070	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	85038	44694			66.99	2994051	25
26 INTENSIVE CARE UNIT	10841	6558			104.91	688000	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
31.01 REHAB	6107	4749			60.64	287979	31.01
33 NURSERY	3467				58.81		33
101 TOTAL	105453	56001				3970030	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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		2938541	69370538	20882824			.042360	884596	37
37.01 SURGICENTER		76324	17674262				.004318		37.01
38 RECOVERY ROOM		31853	13072210	2399688			.002437	5848	38
40 ANESTHESIOLOGY		211913	15217111	3166427			.013926	44096	40
41 RADIOLOGY-DIAGNOSTIC		1276803	39996943	10195638			.031923	325475	41
41.01 TCT SCAN		91033	71920804	18526795			.001266	23455	41.01
41.02 MRI		102242	17673191	4172111			.005785	24136	41.02
41.03 HVI IMAGING		46815	16545551	2064207			.002829	5840	41.03
41.04 BREAST DIAGNOSIS		17095	5219129				.003275		41.04
42 RADIOLOGY-THERAPEUTIC		633934	13514650	676054			.046907	31712	42
43 RADIOISOTOPE		141499	15005016	4115129			.009430	38806	43
44 LABORATORY		943950	85969336	31778828			.010980	348932	44
49 RESPIRATORY THERAPY		183299	31680090	17124339			.005786	99081	49
49.01 SLEEP LAB		76261	2305012				.033085		49.01
50 PHYSICAL THERAPY		254537	10320309	2737311			.024664	67513	50
50.01 OP PHYSICAL THERAPY		11251	4935514				.002280		50.01
51 OCCUPATIONAL THERAPY		351077	5803860	1649612			.060490	99785	51
52 SPEECH PATHOLOGY		9972	1065479	346776			.009359	3245	52
53 ELECTROCARDIOLOGY		572123	25839530	10815366			.022141	239463	53
53.01 CARDIAC REHABILITATION		214743	2137543	8145			.100463	818	53.01
53.02 CATH LAB		595101	42102971	17831812			.014134	252035	53.02
53.03 INTERVENTIONAL CARD		441805	30703805	12967725			.014389	186593	53.03
54 ELECTROENCEPHALOGRAPHY		66675	1366251	427649			.048801	20870	54
55 MEDICAL SUPPLIES CHARGED TO P		130553	29949312	11073312			.004359	48269	55
56 DRUGS CHARGED TO PATIENTS		331232	70164159	32701315			.004721	154383	56
57 RENAL DIALYSIS		12634	5759083	3761783			.002194	8253	57
58 ASC (NON-DISTINCT PART)		1138977	5662365	541162			.201149	108854	58
59 WOUND CARE		132070	1158164	10508			.114034	1198	59
59.01 OP ONCOLOGY		26152	1662748				.015728		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY		1301708	81559933	15004860			.015960	239478	61
62 OBSERVATION BEDS (NON-DISTINC		327034	8706295				.037563		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		12689206	744061164	224979376				3262734	101

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/27/2010 05:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
31.01 REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/27/2010 05:09

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	85038		44694	25
26 INTENSIVE CARE UNIT	10841		6558	26
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I				31
31.01 REHAB	6107		4749	31.01
33 NURSERY	3467			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	105453		56001	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY				158919			158919 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				158919			158919 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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		69370538			20882824		7841044 37
37.01 SURGICENTER		17674262					5697460 37.01
38 RECOVERY ROOM		13072210			2399688		1336608 38
40 ANESTHESIOLOGY		15217111			3166427		1777460 40
41 RADIOLOGY-DIAGNOSTIC		39996943			10195638		3494197 41
41.01 TCT SCAN		71920804			18526795		5746466 41.01
41.02 MRI		17673191			4172111		2347048 41.02
41.03 HVI IMAGING		16545551			2064207		3623737 41.03
41.04 BREAST DIAGNOSIS		5219129					580248 41.04
42 RADIOLOGY-THERAPEUTIC		13514650			676054		6258771 42
43 RADIOISOTOPE		15005016			4115129		1880690 43
44 LABORATORY		85969336			31778828		1504289 44
49 RESPIRATORY THERAPY		31680090			17124339		640844 49
49.01 SLEEP LAB		2305012					388492 49.01
50 PHYSICAL THERAPY		10320309			2737311		1974 50
50.01 OP PHYSICAL THERAPY		4935514					
51 OCCUPATIONAL THERAPY		5803860			1649612		219 51
52 SPEECH PATHOLOGY		1065479			346776		
53 ELECTROCARDIOLOGY		25839530			10815366		1857423 53
53.01 CARDIAC REHABILITATION		2137543			8145		503170 53.01
53.02 CATH LAB		42102971			17831812		4646935 53.02
53.03 INTERVENTIONAL CARD		30703805			12967725		7964636 53.03
54 ELECTROENCEPHALOGRAPHY		1366251			427649		167737 54
55 MEDICAL SUPPLIES CHARGED TO P		29949312			11073312		1729299 55
56 DRUGS CHARGED TO PATIENTS		70164159			32701315		3147688 56
57 RENAL DIALYSIS		5759083			3761783		79256 57
58 ASC (NON-DISTINCT PART)		5662365			541162		1674159 58
59 WOUND CARE		1158164			10508		724551 59
59.01 OP ONCOLOGY		1662748					638111 59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							
61 EMERGENCY	158919	81559933	.001948	.001948	15004860	29229	5615053 61
62 OBSERVATION BEDS (NON-DISTINC		8706295					1228629 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	158919	744061164			224979376	29229	73096194 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY			10938		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
101 TOTAL			10938		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] 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	.440946	.440946	.440946			37
37.01 SURGICENTER	.468015	.468015	.468015			37.01
38 RECOVERY ROOM	.171026	.171026	.171026			38
40 ANESTHESIOLOGY	.104830	.104830	.104830			40
41 RADIOLOGY-DIAGNOSTIC	.204168	.204168	.204168			41
41.01 TCT SCAN	.023297	.023297	.023297			41.01
41.02 MRI	.105142	.105142	.105142			41.02
41.03 HVI IMAGING	.217773	.217773	.217773			41.03
41.04 BREAST DIAGNOSIS	.298204	.298204	.298204			41.04
42 RADIOLOGY-THERAPEUTIC	.271090	.271090	.271090			42
43 RADIOISOTOPE	.159119	.159119	.159119			43
44 LABORATORY	.200864	.200864	.200864			44
49 RESPIRATORY THERAPY	.179749	.179749	.179749			49
49.01 SLEEP LAB	.240276	.240276	.240276			49.01
50 PHYSICAL THERAPY	.344163	.344163	.344163			50
50.01 OP PHYSICAL THERAPY	.295494	.295494	.295494			50.01
51 OCCUPATIONAL THERAPY	.387227	.387227	.387227			51
52 SPEECH PATHOLOGY	.394738	.394738	.394738			52
53 ELECTROCARDIOLOGY	.140151	.140151	.140151			53
53.01 CARDIAC REHABILITATION	.756240	.756240	.756240			53.01
53.02 CATH LAB	.198312	.198312	.198312			53.02
53.03 INTERVENTIONAL CARD	.227953	.227953	.227953			53.03
54 ELECTROENCEPHALOGRAPHY	.205600	.205600	.205600			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.176278	.176278	.176278			55
56 DRUGS CHARGED TO PATIENTS	.256106	.256106	.256106			56
57 RENAL DIALYSIS	.268210	.268210	.268210			57
58 ASC (NON-DISTINCT PART)	1.148324	1.148324	1.148324			58
59 WOUND CARE	.940976	.940976	.940976			59
59.01 OP ONCOLOGY	.338223	.338223	.338223			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	.223122	.223122	.223122			61
62 OBSERVATION BEDS (NON-DISTINCT	.437139	.437139	.437139			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.256106	1
2 PROGRAM VACCINE CHARGES	2	8752	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		2241	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 (14-0172) [] 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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37	ANCILLARY SERVICE COST CENTERS							
	OPERATING ROOM	7841044						37
37.01	SURGICENTER	5697460						37.01
38	RECOVERY ROOM	1336608						38
40	ANESTHESIOLOGY	1777460						40
41	RADIOLOGY-DIAGNOSTIC	3494197						41
41.01	TCT SCAN	5746466						41.01
41.02	MRI	2347048						41.02
41.03	HVI IMAGING	3623737						41.03
41.04	BREAST DIAGNOSIS	580248						41.04
42	RADIOLOGY-THERAPEUTIC	6258771						42
43	RADIOISOTOPE	1880690						43
44	LABORATORY	1504289						44
49	RESPIRATORY THERAPY	640844						49
49.01	SLEEP LAB	388492						49.01
50	PHYSICAL THERAPY	1974						50
50.01	OP PHYSICAL THERAPY							50.01
51	OCCUPATIONAL THERAPY	219						51
52	SPEECH PATHOLOGY							52
53	ELECTROCARDIOLOGY	1857423						53
53.01	CARDIAC REHABILITATION	503170						53.01
53.02	CATH LAB	4646935						53.02
53.03	INTERVENTIONAL CARD	7964636						53.03
54	ELECTROENCEPHALOGRAPHY	167737						54
55	MEDICAL SUPPLIES CHARGED TO PA	1729299						55
56	DRUGS CHARGED TO PATIENTS	3147688						56
57	RENAL DIALYSIS	79256						57
58	ASC (NON-DISTINCT PART)	1674159						58
59	WOUND CARE	724551						59
59.01	OP ONCOLOGY	638111						59.01
	OUTPATIENT SERVICE COST CENTERS							
60.01	PARTIAL HOSPITALIZATION							60.01
61	EMERGENCY	5615053						61
62	OBSERVATION BEDS (NON-DISTINCT	1228629						62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56							65.03
101	SUBTOTAL	73096194						101
102	CRNA CHARGES							102
103	PBP CLINIC LAB							103
104	NET CHARGES	73096194						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3457477					37
37.01 SURGICENTER		2666497					37.01
38 RECOVERY ROOM		228595					38
40 ANESTHESIOLOGY		186331					40
41 RADIOLOGY-DIAGNOSTIC		713403					41
41.01 TCT SCAN		133875					41.01
41.02 MRI		246773					41.02
41.03 HVI IMAGING		789152					41.03
41.04 BREAST DIAGNOSIS		173032					41.04
42 RADIOLOGY-THERAPEUTIC		1696690					42
43 RADIOISOTOPE		299254					43
44 LABORATORY		302158					44
49 RESPIRATORY THERAPY		115191					49
49.01 SLEEP LAB		93345					49.01
50 PHYSICAL THERAPY		679					50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY		85					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		260320					53
53.01 CARDIAC REHABILITATION		380517					53.01
53.02 CATH LAB		921543					53.02
53.03 INTERVENTIONAL CARD		1815563					53.03
54 ELECTROENCEPHALOGRAPHY		34487					54
55 MEDICAL SUPPLIES CHARGED TO PAT		304837					55
56 DRUGS CHARGED TO PATIENTS		806142					56
57 RENAL DIALYSIS		21257					57
58 ASC (NON-DISTINCT PART)		1922477					58
59 WOUND CARE		681785					59
59.01 OP ONCOLOGY		215824					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY		1252842					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		537082					62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		20257213					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		20257213					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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172)

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		2938541	69370538	57568			.042360	2439 37
37.01 SURGICENTER		76324	17674262				.004318	37.01
38 RECOVERY ROOM		31853	13072210	11312			.002437	28 38
40 ANESTHESIOLOGY		211913	15217111	3291			.013926	46 40
41 RADIOLOGY-DIAGNOSTIC		1276803	39996943	192276			.031923	6138 41
41.01 TCT SCAN		91033	71920804	168094			.001266	213 41.01
41.02 MRI		102242	17673191	45860			.005785	265 41.02
41.03 HVI IMAGING		46815	16545551	1864			.002829	5 41.03
41.04 BREAST DIAGNOSIS		17095	5219129				.003275	41.04
42 RADIOLOGY-THERAPEUTIC		633934	13514650	8797			.046907	413 42
43 RADIOISOTOPE		141499	15005016	16340			.009430	154 43
44 LABORATORY		943950	85969336	871062			.010980	9564 44
49 RESPIRATORY THERAPY		183299	31680090	348485			.005786	2016 49
49.01 SLEEP LAB		76261	2305012				.033085	49.01
50 PHYSICAL THERAPY		254537	10320309	2258700			.024664	55709 50
50.01 OP PHYSICAL THERAPY		11251	4935514				.002280	50.01
51 OCCUPATIONAL THERAPY		351077	5803860	2104227			.060490	127285 51
52 SPEECH PATHOLOGY		9972	1065479	284514			.009359	2663 52
53 ELECTROCARDIOLOGY		572123	25839530	35231			.022141	780 53
53.01 CARDIAC REHABILITATION		214743	2137543	1073			.100463	108 53.01
53.02 CATH LAB		595101	42102971	127			.014134	2 53.02
53.03 INTERVENTIONAL CARD		441805	30703805	35398			.014389	509 53.03
54 ELECTROENCEPHALOGRAPHY		66675	1366251	5943			.048801	290 54
55 MEDICAL SUPPLIES CHARGED TO P		130553	29949312	333961			.004359	1456 55
56 DRUGS CHARGED TO PATIENTS		331232	70164159	1193120			.004721	5633 56
57 RENAL DIALYSIS		12634	5759083	288734			.002194	633 57
58 ASC (NON-DISTINCT PART)		1138977	5662365				.201149	58
59 WOUND CARE		132070	1158164				.114034	59
59.01 OP ONCOLOGY		26152	1662748				.015728	59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY		1301708	81559933	1197			.015960	19 61
62 OBSERVATION BEDS (NON-DISTINC		327034	8706295				.037563	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12689206	744061164	8267174				216368 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY				158919			158919 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				158919			158919 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] 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		69370538			57568		37
37.01 SURGICENTER		17674262					37.01
38 RECOVERY ROOM		13072210			11312		38
40 ANESTHESIOLOGY		15217111			3291		40
41 RADIOLOGY-DIAGNOSTIC		39996943			192276		41
41.01 TCT SCAN		71920804			168094		41.01
41.02 MRI		17673191			45860		41.02
41.03 HVI IMAGING		16545551			1864		41.03
41.04 BREAST DIAGNOSIS		5219129					41.04
42 RADIOLOGY-THERAPEUTIC		13514650			8797		42
43 RADIOISOTOPE		15005016			16340		43
44 LABORATORY		85969336			871062		44
49 RESPIRATORY THERAPY		31680090			348485		49
49.01 SLEEP LAB		2305012					49.01
50 PHYSICAL THERAPY		10320309			2258700		50
50.01 OP PHYSICAL THERAPY		4935514					50.01
51 OCCUPATIONAL THERAPY		5803860			2104227		51
52 SPEECH PATHOLOGY		1065479			284514		52
53 ELECTROCARDIOLOGY		25839530			35231		53
53.01 CARDIAC REHABILITATION		2137543			1073		53.01
53.02 CATH LAB		42102971			127		53.02
53.03 INTERVENTIONAL CARD		30703805			35398		53.03
54 ELECTROENCEPHALOGRAPHY		1366251			5943		54
55 MEDICAL SUPPLIES CHARGED TO P		29949312			333961		55
56 DRUGS CHARGED TO PATIENTS		70164159			1193120		56
57 RENAL DIALYSIS		5759083			288734		57
58 ASC (NON-DISTINCT PART)		5662365					58
59 WOUND CARE		1158164					59
59.01 OP ONCOLOGY		1662748					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	158919	81559933	.001948	.001948	1197	2	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		8706295					62
101 TOTAL	158919	744061164			8267174	2	762 101

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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] 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	.440946	.440946	.440946			37
37.01 SURGICENTER	.468015	.468015	.468015			37.01
38 RECOVERY ROOM	.171026	.171026	.171026			38
40 ANESTHESIOLOGY	.104830	.104830	.104830			40
41 RADIOLOGY-DIAGNOSTIC	.204168	.204168	.204168			41
41.01 TCT SCAN	.023297	.023297	.023297			41.01
41.02 MRI	.105142	.105142	.105142			41.02
41.03 HVI IMAGING	.217773	.217773	.217773			41.03
41.04 BREAST DIAGNOSIS	.298204	.298204	.298204			41.04
42 RADIOLOGY-THERAPEUTIC	.271090	.271090	.271090			42
43 RADIOISOTOPE	.159119	.159119	.159119			43
44 LABORATORY	.200864	.200864	.200864			44
49 RESPIRATORY THERAPY	.179749	.179749	.179749			49
49.01 SLEEP LAB	.240276	.240276	.240276			49.01
50 PHYSICAL THERAPY	.344163	.344163	.344163			50
50.01 OP PHYSICAL THERAPY	.295494	.295494	.295494			50.01
51 OCCUPATIONAL THERAPY	.387227	.387227	.387227			51
52 SPEECH PATHOLOGY	.394738	.394738	.394738			52
53 ELECTROCARDIOLOGY	.140151	.140151	.140151			53
53.01 CARDIAC REHABILITATION	.756240	.756240	.756240			53.01
53.02 CATH LAB	.198312	.198312	.198312			53.02
53.03 INTERVENTIONAL CARD	.227953	.227953	.227953			53.03
54 ELECTROENCEPHALOGRAPHY	.205600	.205600	.205600			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.176278	.176278	.176278			55
56 DRUGS CHARGED TO PATIENTS	.256106	.256106	.256106			56
57 RENAL DIALYSIS	.268210	.268210	.268210			57
58 ASC (NON-DISTINCT PART)	1.148324	1.148324	1.148324			58
59 WOUND CARE	.940976	.940976	.940976			59
59.01 OP ONCOLOGY	.338223	.338223	.338223			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	.223122	.223122	.223122			61
62 OBSERVATION BEDS (NON-DISTINCT	.437139	.437139	.437139			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.256106	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37								37
37.01								37.01
38								38
40								40
41			193					41
41.01								41.01
41.02								41.02
41.03								41.03
41.04								41.04
42								42
43								43
44								44
49								49
49.01								49.01
50								50
50.01								50.01
51								51
52								52
53								53
53.01								53.01
53.02								53.02
53.03								53.03
54								54
55			71					55
56			498					56
57								57
58								58
59								59
59.01								59.01
60.01								60.01
61								61
62								62
65.01								65.01
65.02								65.02
65.03								65.03
101			762					101
102								102
103								103
104			762					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			39				41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT			13				55
56 DRUGS CHARGED TO PATIENTS			128				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			180				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			180				104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	85038		6107				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	85038		6107				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	85038		6107				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)	44694		4749				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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	66293314		4510334				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	66293314		4510334				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.651303		.728687				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	167.60		1013.54				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	66293314		4510334				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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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	779.57		738.55			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	34842102		3507374			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	34842102		3507374			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	17181207		10841	1584.84	6558	10393381 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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	48902628		2480917			48
49 TOTAL PROGRAM INPATIENT COSTS	94138111		5988291			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3682051		287979			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3291963		216370			51
52 TOTAL PROGRAM EXCLUDABLE COST	6974014		504349			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	87164097		5483942			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) (14-0172)	SUB I 1	SUB II (PPS) (14-T172)	SUB III 1	SUB IV 1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)		(PPS)		
(14-0172)		(14-T172)		
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4882	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	779.57	84
85 OBSERVATION BED COST	3805861	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		66293314		3805861		86
87 NEW CAPITAL-RELATED COST	5696517	66293314	.085929	3805861	327034	87
88 NON PHYSICIAN ANESTHETIST		66293314		3805861		88
89 NURSING SCHOOL		66293314		3805861		89
89.01 ALLIED HEALTH		66293314		3805861		89.01
89.02 ALL OTHER		66293314		3805861		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0172) [] 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		58583361		25
26 INTENSIVE CARE UNIT		16785149		26
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.441868	20882824	9227452	37
37.01 SURGICENTER	.468015			37.01
38 RECOVERY ROOM	.171026	2399688	410409	38
40 ANESTHESIOLOGY	.104830	3166427	331937	40
41 RADIOLOGY-DIAGNOSTIC	.204168	10195638	2081623	41
41.01 TCT SCAN	.023297	18526795	431619	41.01
41.02 MRI	.105142	4172111	438664	41.02
41.03 HVI IMAGING	.217773	2064207	449529	41.03
41.04 BREAST DIAGNOSIS	.300191			41.04
42 RADIOLOGY-THERAPEUTIC	.271090	676054	183271	42
43 RADIOISOTOPE	.159119	4115129	654795	43
44 LABORATORY	.201174	31778828	6393074	44
49 RESPIRATORY THERAPY	.179749	17124339	3078083	49
49.01 SLEEP LAB	.242679			49.01
50 PHYSICAL THERAPY	.344163	2737311	942081	50
50.01 OP PHYSICAL THERAPY	.295494			50.01
51 OCCUPATIONAL THERAPY	.387227	1649612	638774	51
52 SPEECH PATHOLOGY	.394738	346776	136886	52
53 ELECTROCARDIOLOGY	.146989	10815366	1589740	53
53.01 CARDIAC REHABILITATION	.756240	8145	6160	53.01
53.02 CATH LAB	.198524	17831812	3540043	53.02
53.03 INTERVENTIONAL CARD	.227953	12967725	2956032	53.03
54 ELECTROENCEPHALOGRAPHY	.206683	427649	88388	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.176278	11073312	1951981	55
56 DRUGS CHARGED TO PATIENTS	.256106	32701315	8375003	56
57 RENAL DIALYSIS	.268210	3761783	1008948	57
58 ASC (NON-DISTINCT PART)	1.148324	541162	621429	58
59 WOUND CARE	1.003070	10508	10540	59
59.01 OP ONCOLOGY	.343982			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.223672	15004860	3356167	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.437139			62
101 TOTAL		224979376	48902628	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		224979376		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T172)	<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
31.01 REHAB		6262085		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.441868	57568	25437	37
37.01 SURGICENTER	.468015			37.01
38 RECOVERY ROOM	.171026	11312	1935	38
40 ANESTHESIOLOGY	.104830	3291	345	40
41 RADIOLOGY-DIAGNOSTIC	.204168	192276	39257	41
41.01 TCT SCAN	.023297	168094	3916	41.01
41.02 MRI	.105142	45860	4822	41.02
41.03 HVI IMAGING	.217773	1864	406	41.03
41.04 BREAST DIAGNOSIS	.300191			41.04
42 RADIOLOGY-THERAPEUTIC	.271090	8797	2385	42
43 RADIOISOTOPE	.159119	16340	2600	43
44 LABORATORY	.201174	871062	175235	44
49 RESPIRATORY THERAPY	.179749	348485	62640	49
49.01 SLEEP LAB	.242679			49.01
50 PHYSICAL THERAPY	.344163	2258700	777361	50
50.01 OP PHYSICAL THERAPY	.295494			50.01
51 OCCUPATIONAL THERAPY	.387227	2104227	814814	51
52 SPEECH PATHOLOGY	.394738	284514	112308	52
53 ELECTROCARDIOLOGY	.146989	35231	5179	53
53.01 CARDIAC REHABILITATION	.756240	1073	811	53.01
53.02 CATH LAB	.198524	127	25	53.02
53.03 INTERVENTIONAL CARD	.227953	35398	8069	53.03
54 ELECTROENCEPHALOGRAPHY	.206683	5943	1228	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.176278	333961	58870	55
56 DRUGS CHARGED TO PATIENTS	.256106	1193120	305565	56
57 RENAL DIALYSIS	.268210	288734	77441	57
58 ASC (NON-DISTINCT PART)	1.148324			58
59 WOUND CARE	1.003070			59
59.01 OP ONCOLOGY	.343982			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.223672	1197	268	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.437139			62
101 TOTAL		8267174	2480917	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8267174		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	53233474					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17744491					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	3055955					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1018652					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1444705					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	343.75					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	124.92					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]	-18.60					3.06
3.07 SUM OF LINES 3.04-3.06	115.42			-18.60	96.82	3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	78.36					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	78.36					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	80.68					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	84.71					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	81.25				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.236364				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.232561				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	0.232561				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6715441				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2238480				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]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8953921 0	8953921			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0504				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2029				4.01
4.02	SUM OF 4 AND 4.01	0.2533				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1016				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	7211361				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	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	88587952				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	88587952				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	6839768				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3653722				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	29229				15
16	TOTAL	99110671				16
17	PRIMARY PAYER PAYMENTS	46452				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	99064219				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6497980				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1036297				20
21	REIMBURSABLE BAD DEBTS	2959704				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	2071793				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2714226				21.02
22	SUBTOTAL	93601735				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	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
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	93601735				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	92813459				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	788276				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	886338				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 (14-0172) 1	HOSPITAL (14-0172) 1.01	HOSPITAL (14-0172) 1.02	
1 MEDICAL AND OTHER SERVICES	2241			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	20246275			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	15485776			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	10938			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2241			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	8752			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	8752			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	8752			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6511			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2241			17
17.01 TOTAL PPS PAYMENTS	15496714			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0172) 1	HOSPITAL (14-0172) 1.01	HOSPITAL (14-0172) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3717737		18.01
19 SUBTOTAL	11781218		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	739498		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	12520716		23
24 PRIMARY PAYER PAYMENTS	3874		24
25 SUBTOTAL	12516842		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	954242		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	667969		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	839769		27.02
28 SUBTOTAL	13184811		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			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	13184811		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13409526		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-224715		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 RECONILIATION 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 II (14-T172) 1	SUB II (14-T172) 1.01	SUB II (14-T172) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	180			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	247			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03	153			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	247			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T172) 1	SUB II (14-T172) 1.01	SUB II (14-T172) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	9		18.01
19 SUBTOTAL	238		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	238		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	238		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	238		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			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	238		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	238		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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0172)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B			
	PART A		PART B			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		92873000		13441493	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/18/2009 08/14/2009	219029 278570	12/18/2009 08/14/2009	21157 53124	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-59541		-31967	3.99	
4 TOTAL INTERIM PAYMENTS		92813459		13409526	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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE		NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM		788276		6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY		93601735		13184811	7	
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T172)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6069567		238
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	08/14/2009 15246		3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	15246		3.99
4 TOTAL INTERIM PAYMENTS		6084813		238
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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 NONE 5.02 5.03 5.50 NONE 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM		-49025	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		6035788		238
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T172)	SUB II (14-T172) 1.01	SUB III	SUB IV	
1							1
1.01							1.01
1.02				5643077			1.02
1.03				0.0218			1.03
1.04				225859			1.04
1.05				32511			1.05
1.06				6077438			1.06
1.07							1.07
1.08							1.08
1.09							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							1.16
1.17							1.17
1.18							1.18
1.19							1.19
1.20							1.20
1.21							1.21
1.22							1.22
1.23							1.23
1.35				1.30			1.35
1.36							1.36
1.37				0.58			1.37
1.38							1.38
1.39				0.58			1.39
1.40				16.731507			1.40
1.41				0.031187	0.023709		1.41
1.42				175991			1.42
2							2
3							3
4				6077438			4
5							5
6				6077438			6
7				13884			7
8				6063554			8
9				27768			9
10				6035786			10
11							11
11.01							11.01
11.02							11.02
12				6035786			12
13							13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T172)	SUB II (14-T172)	SUB III	SUB IV
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)				2		13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				1.01		14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER			6035788			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS			6084813			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM			-49025			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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	128.25 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]	-18.60 3.03
3.04	FTE ADJUSTMENT CAP 119.25 -18.60	100.65 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	78.94 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	78.94 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	23.04 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	52.40 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	75.44 3.09
3.10	SEE INSTRUCTIONS	75.44 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	52.40 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	63.86 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	67.07 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	61.11 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	61.11 3.16
3.17	SEE INSTRUCTIONS	94022.52 3.17
3.18	SEE INSTRUCTIONS	5745716 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		12.71	3.19
3.20	SEE INSTRUCTIONS		12.37	3.20
3.21	SEE INSTRUCTIONS		16.04	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		16.04	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		96655.20	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		1550349	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		7296065	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		56001	4
5	TOTAL INPATIENT DAYS		97104	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.576712	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4207728	0	4207728	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2875	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		97104	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		185492	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		5759083	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

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/27/2010 05:09

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	100126402	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	46452	15
16	TOTAL PART A REASONABLE COST	100079950	16
PART B REASONABLE COST			
17	REASONABLE COST	20259634	17
18	PRIMARY PAYER PAYMENTS	3874	18
19	TOTAL PART B REASONABLE COST	20255760	19
20	TOTAL REASONABLE COST	120335710	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.831673	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.168327	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	4393220	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3653722	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	739498	25

CALCULATION OF GME AND IME PAYMENTS FOR
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
PART VI

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

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25	2
3	UNADJUSTED DIRECT GME FTE CAP	128.25	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25	4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	115.42	13
14	UNADJUSTED IME FTE CAP	124.92	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	115.42	15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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	3774208			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	62370657			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23848724			6
7	INVENTORY	6699734			7
8	PREPAID EXPENSES	1894943			8
9	OTHER CURRENT ASSETS	2678545			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	53569363			11
FIXED ASSETS					
12	LAND	9271237			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	3986662			13
13.01	ACCUMULATED DEPRECIATION	-2334184			13.01
14	BUILDINGS	112051787			14
14.01	ACCUMULATED DEPRECIATION	-36346199			14.01
15	LEASEHOLD IMPROVEMENTS	545978			15
15.01	ACCUMULATED AMORTIZATION	-41934			15.01
16	FIXED EQUIPMENT	89024582			16
16.01	ACCUMULATED DEPRECIATION	-31363598			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	82565099			18
18.01	ACCUMULATED DEPRECIATION	-53530141			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	173829289			21
OTHER ASSETS					
22	INVESTMENTS	283267			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6861697	2149072		25
26	TOTAL OTHER ASSETS	7144964	2149072		26
27	TOTAL ASSETS	234543616	2149072		27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12084066			28
29	SALARIES, WAGES & FEES PAYABLE	7241848			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	164633			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	9097779			35
36	TOTAL CURRENT LIABILITIES	28588326			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	6588334			41
42	TOTAL LONG TERM LIABILITIES	6588334			42
43	TOTAL LIABILITIES	35176660			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	199366956			44
45	SPECIFIC PURPOSE FUND BALANCE		2149072		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	199366956	2149072		51
52	TOTAL LIABILITIES AND FUND BALANCES	234543616	2149072		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	222362498	2027709		1
2 NET INCOME (LOSS)	-22707421			2
3 TOTAL	199655077	2027709		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 TRANSFER FROM AFFILIATES				6
7 ASSETS ADDED TO RESTRICTED		487061		7
8				8
9				9
10 TOTAL ADDITIONS		487061		10
11 SUBTOTAL	199655077	2514770		11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 NET ASSETS RELEASED FOR OPERATIONS		365698		14
15 OTHER	288121			15
16				16
17				17
18 TOTAL DEDUCTIONS	288121	365698		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	199366956	2149072		19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	119321236		119321236	2
2.01 SUBPROVIDER I				4
4 SUBPROVIDER II	8054805		8054805	2.01
5 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	127376041		127376041	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	27478482		27478482	11
12 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	27478482		27478482	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	154854523		154854523	16
17 ANCILLARY SERVICES	419406247	316023461	735429708	17
18 OUTPATIENT SERVICES		15003403	15003403	18
19 HOME HEALTH AGENCY		7264187	7264187	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIANS REVENUE		15624349	15624349	24
25 TOTAL PATIENT REVENUES	574260770	353915400	928176170	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		323622594	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	14607230		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14607230	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		338229824	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	928176170	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	629219795	2
3	NET PATIENT REVENUES	298956375	3
4	LESS - TOTAL OPERATING EXPENSES	338229824	4
5	NET INCOME FROM SERVICE TO PATIENTS	-39273449	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	73010	6
7	INCOME FROM INVESTMENTS	676958	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	77025	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	60109	10
11	REBATES AND REFUNDS OF EXPENSES	71032	11
12	PARKING LOT RECEIPTS	115079	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1357807	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1325640	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	6600	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	25770	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	461602	20
21	RENTAL OF VENDING MACHINES	36196	21
22	RENTAL OF HOSPITAL SPACE	2053608	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GAIN ON DISPOSAL OF ASSETS	-933514	24
24.01	EMERGENCY MEDICAL TECHNICIAN REVENU	57301	24.01
24.02	BILLING SERVICES	238046	24.02
24.03	DIABETES CENTER	10687	24.03
24.04	RESEARCH	65058	24.04
24.05	SALE OF SILVER	5986	24.05
24.06	HOSPICE REVENUE	280381	24.06
24.07	OB/NURSERY OTHER REVENUES	7336	24.07
24.08	MISCELLANEOUS REVENUE TCT SCAN REVE	513945	24.08
24.09	DIETARY SPECIAL FUNCTIONS	7150	24.09
24.10	RETAIL PHARMACY	947290	24.10
24.11	FITNESS CENTER	2906302	24.11
24.12	THIRD PARTY AUDIT FEES	250	24.12
24.13	EKG OTHER REVENUE	16695	24.13
24.14	SENIOR SERVICES	57301	24.14
24.15	PRINT SHOP FEES	672	24.15
24.16	OTHER REVENUE OP REVOCERY ROOM CENT	116093	24.16
24.17	CAPITATION - PREMIUM REVENUE	5467360	24.17
24.18	ASSETS RELEASED FROM REST OR OPERAT	365698	24.18
24.19	OTHER MISCELLANEOUS REVENUE	95555	24.19
24.23	OTHER REVENUE, NET		24.23
24.24	CT SCAN OTHER REVENUE		24.24
25	TOTAL OTHER INCOME	16566028	25
26	TOTAL	-22707421	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-22707421	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	785103	219829			143337	1148269 5
6 SKILLED NURSING CARE	1938851	542879	83847			2565577 6
7 PHYSICAL THERAPY				701217		701217 7
8 OCCUPATIONAL THERAPY				208737		208737 8
9 SPEECH PATHOLOGY	13979	3914		200		18093 9
10 MEDICAL SOCIAL SERVICES				28665		28665 10
11 HOME HEALTH AIDE	241719	67681	24924			334324 11
12 SUPPLIES					104163	104163 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	2979652	834303	108771	938819	247500	5109045 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-306050	842219		842219	5
6 SKILLED NURSING CARE		2565577		2565577	6
7 PHYSICAL THERAPY		701217		701217	7
8 OCCUPATIONAL THERAPY		208737		208737	8
9 SPEECH PATHOLOGY		18093		18093	9
10 MEDICAL SOCIAL SERVICES		28665		28665	10
11 HOME HEALTH AIDE		334324		334324	11
12 SUPPLIES		104163		104163	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	-306050	4802995		4802995	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7267

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	842219					842219	842219	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2565577					2565577	545544	3111121 6
7 PHYSICAL THERAPY	701217					701217	149107	850324 7
8 OCCUPATIONAL THERAPY	208737					208737	44386	253123 8
9 SPEECH PATHOLOGY	18093					18093	3847	21940 9
10 MEDICAL SOCIAL SERVICES	28665					28665	6095	34760 10
11 HOME HEALTH AIDE	334324					334324	71091	405415 11
12 SUPPLIES	104163					104163	22149	126312 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	4802995					4802995		4802995 24

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/27/2010 05:09

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7267

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					-842219	3960776	5
6 SKILLED NURSING CARE						2565577	6
7 PHYSICAL THERAPY						701217	7
8 OCCUPATIONAL THERAPY						208737	8
9 SPEECH PATHOLOGY						18093	9
10 MEDICAL SOCIAL SERVICES						28665	10
11 HOME HEALTH AIDE						334324	11
12 SUPPLIES						104163	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					-842219	3960776	24
25 COST TO BE ALLOC (PER W/S H)						842219	25
26 UNIT COST MULTIPLIER						.212640	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7267

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	34754			1
2 SKILLED NURSING CARE	4139323	22575	4161898	2
3 PHYSICAL THERAPY	1107201	6039	1113240	3
4 OCCUPATIONAL THERAPY	329590	1798	331388	4
5 SPEECH PATHOLOGY	29258	160	29418	5
6 MEDICAL SOCIAL SERVICES	45261	247	45508	6
7 HOME HEALTH AIDE	549758	2998	552756	7
8 SUPPLIES	171720	937	172657	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	6406865	34754	6406865	20
21 UNIT COST MULTIPLIER		.005454		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
1 ADMINISTRATIVE AND GENERAL				19512					1
2 SKILLED NURSING CARE				50297			985		2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY				393					5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				12450					7
8 SUPPLIES						104230			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				82652		104230	985		20
21 TOTAL COST TO BE ALLOCATED				145191		7250	478		21
22 UNIT COST MULTIPLIER							.485279		22
22 UNIT COST MULTIPLIER				1.756654		.069558			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	23	24	24.01	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						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						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

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		4161898		4161898	21973	189.41	1
2	PHYSICAL THERAPY	3	1113240		1113240	9216	120.79	2
3	OCCUPATIONAL THERAPY	4	331388		331388	2860	115.87	3
4	SPEECH PATHOLOGY	5	29418		29418	285	103.22	4
5	MEDICAL SOCIAL SERV	6	45508		45508	331	137.49	5
6	HOME HEALTH AIDE SERV	7	552756		552756	5916	93.43	6
7	TOTAL		6234208		6234208	40581		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								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		172657		172657	202226	.853782	15
16	COST OF DRUGS	9						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

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7267

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	3681408	1925948		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	3681408	1925948		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	3681408	1925948		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3457791	1697004	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1719	3425	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	32344	24716	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10602	13454	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	3502456	1738599	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	3502456	1738599	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	3502456	1738599	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3502456	1738599	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	3502456	1738599	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	3502456	1738599	24
25 TOTAL INTERIM PAYMENTS	3502456	1738599	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.: 14-7267

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		3502456		1738599
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 .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROGRAM .50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3502456		1738599
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3502456		1738599

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0172)	HOSPITAL (14-0172)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	5859542				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	249.31				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01	81.25	0.00	81.25		4.01
					NO. OF INTERNS & RESIDENTS
4.02			9.63		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	564274				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0504				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2029				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2533				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0526				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	308212				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	6839768				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
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 RADIOLOGY PARAMEDICAL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31.01 REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
100 OTHER NONREIMBURSABLE COST CEN					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CEN					100.02
100.03 OTHER NONREIMBURSABLE COST CEN					100.03

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/27/2010 05:09

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	52.56		14.22				66.78 25
26 INTENSIVE CARE UNIT	60.49		12.53				73.02 26
33 NURSERY			65.76				65.76 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	30.10	11.30					41.40 37
37.01 SURGICENTER		32.24					32.24 37.01
38 RECOVERY ROOM	18.36	10.22					28.58 38
40 ANESTHESIOLOGY	20.81	11.68					32.49 40
41 RADIOLOGY-DIAGNOSTIC	25.49	8.74					34.23 41
41.01 TCT SCAN	25.76	7.99					33.75 41.01
41.02 MRI	23.61	13.28					36.89 41.02
41.03 HVI IMAGING	12.48	21.90					34.38 41.03
41.04 BREAST DIAGNOSIS		11.12					11.12 41.04
42 RADIOLOGY-THERAPEUTIC	5.00	46.31					51.31 42
43 RADIOISOTOPE	27.43	12.53					39.96 43
44 LABORATORY	36.97	1.75					38.72 44
49 RESPIRATORY THERAPY	54.05	2.02					56.07 49
49.01 SLEEP LAB		16.85					16.85 49.01
50 PHYSICAL THERAPY	26.52	0.02					26.54 50
51 OCCUPATIONAL THERAPY	28.42						28.42 51
52 SPEECH PATHOLOGY	32.55						32.55 52
53 ELECTROCARDIOLOGY	41.86	7.19					49.05 53
53.01 CARDIAC REHABILITATION		0.38					23.92 53.01
53.02 CATH LAB	42.35	11.04					53.39 53.02
53.03 INTERVENTIONAL CARD	42.23	25.94					68.17 53.03
54 ELECTROENCEPHALOGRAPHY	31.30	12.28					43.58 54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.97	5.77					42.74 55
56 DRUGS CHARGED TO PATIENTS	46.61	4.49					51.10 56
57 RENAL DIALYSIS	65.32	1.38					66.70 57
58 ASC (NON-DISTINCT PART)	9.56	29.57					39.13 58
59 WOUND CARE	0.91	62.56					63.47 59
59.01 OP ONCOLOGY		38.38					38.38 59.01
61 EMERGENCY	18.40	6.88					25.28 61
62 OBSERVATION BEDS (NON-DISTINCT		14.11					14.11 62
101 TOTAL CHARGES	25.27	8.21					33.48 101

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

SUBPROVIDER II

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							
31.01 REHAB	77.76		3.85				81.61 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.08						0.08 37
38 RECOVERY ROOM	0.09						0.09 38
40 ANESTHESIOLOGY	0.02						0.02 40
41 RADIOLOGY-DIAGNOSTIC	0.48		0.02				0.50 41
41.01 TCT SCAN	0.23		0.01				0.24 41.01
41.02 MRI	0.26		0.01				0.27 41.02
41.03 HVI IMAGING	0.01						0.01 41.03
42 RADIOLOGY-THERAPEUTIC	0.07						0.07 42
43 RADIOISOTOPE	0.11		0.01				0.12 43
44 LABORATORY	1.01		0.03				1.04 44
49 RESPIRATORY THERAPY	1.10		0.03				1.13 49
50 PHYSICAL THERAPY	21.89		1.00				22.89 50
51 OCCUPATIONAL THERAPY	36.26						36.26 51
52 SPEECH PATHOLOGY	26.70						26.70 52
53 ELECTROCARDIOLOGY	0.14		0.01				0.15 53
53.01 CARDIAC REHABILITATION	0.05						0.05 53.01
53.03 INTERVENTIONAL CARD	0.12						0.12 53.03
54 ELECTROENCEPHALOGRAPHY	0.43		0.01				0.44 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.12		0.07				1.19 55
56 DRUGS CHARGED TO PATIENTS	1.70		0.05				1.75 56
57 RENAL DIALYSIS	5.01		0.05				5.06 57
101 TOTAL CHARGES	0.93		0.02				0.95 101

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	11858225	4.02	-11858225	-9.04			3
4	NEW CAP REL COSTS-MVBLE EQUIP	11385929	3.86	-11385929	-8.68			4
5	EMPLOYEE BENEFITS	-1696403	-.57	1696403	1.29			5
6	ADMINISTRATIVE & GENERAL	66858586	22.66	-66858586	-50.99			6
8	OPERATION OF PLANT	14817370	5.02	-14817370	-11.30			8
9	LAUNDRY & LINEN SERVICE	2224400	.75	-2224400	-1.70			9
10	HOUSEKEEPING	4669167	1.58	-4669167	-3.56			10
11	DIETARY	1825267	.62	-1825267	-1.39			11
12	CAFETERIA	2181016	.74	-2181016	-1.66			12
14	NURSING ADMINISTRATION	2274398	.77	-2274398	-1.73			14
15	CENTRAL SERVICES & SUPPLY	-90861	-.03	90861	.07			15
16	PHARMACY	3563513	1.21	-3563513	-2.72			16
17	MEDICAL RECORDS & LIBRARY	3485085	1.18	-3485085	-2.66			17
18	SOCIAL SERVICE	858086	.29	-858086	-.65			18
22	I&R SERVICES-SALARY & FRINGES A	6816445	2.31	-6816445	-5.20			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)	85910	.03	-85910	-.07			24
24.01	RADIOLOGY PARAMEDICAL							24.01
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	34398960	11.66	40989975	31.26	75388935	25.55	25
26	INTENSIVE CARE UNIT	10166753	3.45	6983346	5.33	17150099	5.81	26
31.01	REHAB	2358195	.80	2290353	1.75	4648548	1.58	31.01
33	NURSERY	1625262	.55	1069932	.82	2695194	.91	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	17618314	5.97	12970369	9.89	30588683	10.37	37
37.01	SURGICENTER	6230252	2.11	2041568	1.56	8271820	2.80	37.01
38	RECOVERY ROOM	1570948	.53	664736	.51	2235684	.76	38
40	ANESTHESIOLOGY	728836	.25	866376	.66	1595212	.54	40
41	RADIOLOGY-DIAGNOSTIC	3689669	1.25	4476410	3.41	8166079	2.77	41
41.01	TCT SCAN	780606	.26	894933	.68	1675539	.57	41.01
41.02	MRI	1162268	.39	695919	.53	1858187	.63	41.02
41.03	HVI IMAGING	2564667	.87	1038500	.79	3603167	1.22	41.03
41.04	BREAST DIAGNOSIS	1160551	.39	395815	.30	1556366	.53	41.04
42	RADIOLOGY-THERAPEUTIC	1564660	.53	2099032	1.60	3663692	1.24	42
43	RADIOISOTOPE	1516360	.51	871222	.66	2387582	.81	43
44	LABORATORY	11321087	3.84	5947080	4.54	17268167	5.85	44
49	RESPIRATORY THERAPY	3760879	1.27	1933579	1.47	5694458	1.93	49
49.01	SLEEP LAB	270499	.09	283340	.22	553839	.19	49.01
50	PHYSICAL THERAPY	2242318	.76	1309552	1.00	3551870	1.20	50
50.01	OP PHYSICAL THERAPY	1096609	.37	361805	.28	1458414	.49	50.01
51	OCCUPATIONAL THERAPY	1057292	.36	1190122	.91	2247414	.76	51
52	SPEECH PATHOLOGY	299612	.10	120973	.09	420585	.14	52
53	ELECTROCARDIOLOGY	1554580	.53	2066867	1.58	3621447	1.23	53
53.01	CARDIAC REHABILITATION	801033	.27	815462	.62	1616495	.55	53.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.02 CATH LAB	5102458	1.73	3247050	2.48	8349508	2.83	53.02
53.03 INTERVENTIONAL CARD	4457246	1.51	2541764	1.94	6999010	2.37	53.03
54 ELECTROENCEPHALOGRAPHY	78057	.03	202844	.15	280901	.10	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3746440	1.27	1532969	1.17	5279409	1.79	55
56 DRUGS CHARGED TO PATIENTS	9811635	3.33	8157849	6.22	17969484	6.09	56
57 RENAL DIALYSIS	1157920	.39	386724	.29	1544644	.52	57
58 ASC (NON-DISTINCT PART)	2744145	.93	3758087	2.87	6502232	2.20	58
59 WOUND CARE	583508	.20	506296	.39	1089804	.37	59
59.01 OP ONCOLOGY	363542	.12	198838	.15	562380	.19	59.01
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	10694714	3.62	7503067	5.72	18197781	6.17	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY	4802995	1.63	1603870	1.22	6406865	2.17	71
93 SPECIAL PURPOSE COST CENTERS HOSPICE	160373	.05	1069223	.82	1229596	.42	93
96 NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN	517224	.18	325976	.25	843200	.29	96
97 RESEARCH	63091	.02	598896	.46	661987	.22	97
98 PHYSICIANS' PRIVATE OFFICES	10089683	3.42	8446933	6.44	18536616	6.28	98
99 NONPAID WORKERS	9870		2982		12852		99
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT							100.02
100.03 OTHER NONREIMBURSABLE COST CENT							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER			-1344501	-1.03	-1344501	-.46	102
103 TOTAL	295039244	100.00	0	.00	295039244	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2938541	69370538	.042360	20882824	884596	37
37.01 SURGICENTER	76324	17674262	.004318			37.01
38 RECOVERY ROOM	31853	13072210	.002437	2399688	5848	38
40 ANESTHESIOLOGY	211913	15217111	.013926	3166427	44096	40
41 RADIOLOGY-DIAGNOSTIC	1276803	39996943	.031923	10195638	325475	41
41.01 TCT SCAN	91033	71920804	.001266	18526795	23455	41.01
41.02 MRI	102242	17673191	.005785	4172111	24136	41.02
41.03 HVI IMAGING	46815	16545551	.002829	2064207	5840	41.03
41.04 BREAST DIAGNOSIS	17095	5219129	.003275			41.04
42 RADIOLOGY-THERAPEUTIC	633934	13514650	.046907	676054	31712	42
43 RADIOISOTOPE	141499	15005016	.009430	4115129	38806	43
44 LABORATORY	943950	85969336	.010980	31778828	348932	44
49 RESPIRATORY THERAPY	183299	31680090	.005786	17124339	99081	49
49.01 SLEEP LAB	76261	2305012	.033085			49.01
50 PHYSICAL THERAPY	254537	10320309	.024664	2737311	67513	50
50.01 OP PHYSICAL THERAPY	11251	4935514	.002280			50.01
51 OCCUPATIONAL THERAPY	351077	5803860	.060490	1649612	99785	51
52 SPEECH PATHOLOGY	9972	1065479	.009359	346776	3245	52
53 ELECTROCARDIOLOGY	572123	25839530	.022141	10815366	239463	53
53.01 CARDIAC REHABILITATION	214743	2137543	.100463	8145	818	53.01
53.02 CATH LAB	595101	42102971	.014134	17831812	252035	53.02
53.03 INTERVENTIONAL CARD	441805	30703805	.014389	12967725	186593	53.03
54 ELECTROENCEPHALOGRAPHY	66675	1366251	.048801	427649	20870	54
55 MEDICAL SUPPLIES CHARGED TO PAT	130553	29949312	.004359	11073312	48269	55
56 DRUGS CHARGED TO PATIENTS	331232	70164159	.004721	32701315	154383	56
57 RENAL DIALYSIS	12634	5759083	.002194	3761783	8253	57
58 ASC (NON-DISTINCT PART)	1138977	5662365	.201149	541162	108854	58
59 WOUND CARE	132070	1158164	.114034	10508	1198	59
59.01 OP ONCOLOGY	26152	1662748	.015728			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	1301708	81559933	.015960	15004860	239478	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	327034	8706295	.037563			62
101 TOTAL	12689206	744061164		224979376	3262734	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	5696517		5696517	85038	66.99	44694	2994051 25
26	INTENSIVE CARE UNIT	1137373		1137373	10841	104.91	6558	688000 26
101	TOTAL	6833890		6833890			51252	3682051 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							3682051	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3262734	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6944785	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							9713	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							51252	
PER DISCHARGE CAPITAL COSTS							715.00	
PER DIEM CAPITAL COSTS							135.50	

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)	87164097
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	300347886
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.290

COST TO CHARGE RATIO FOR REHAB 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))	5988289
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	14542949
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.412

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)	6944785
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	20224248
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	73014745
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.277