

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED 12/03/2004 [] INITIAL [] RE-OPENING
 USE ONLY: [XX] DESK REVIEWED INTERMEDIARY NO. 00131 [XX] 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 ELMHURST MEMORIAL HOSPITAL (14-0200) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNATURE ON FILE)

(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	334459	378843	1670463	2
3	SWING BED - SNF	56177		612383	3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	1347			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	391983	378843	2282846	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: 200 BERTEAU AVENUE P.O. BOX: 1
 1.01 CITY: ELMHURST STATE: IL ZIP CODE: 60126 COUNTY: DUPAGE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ELMHURST MEMORIAL HOSPITAL	14-0200	07/01/1966	N	P	O	2
3	SUBPROVIDER I	ELMHURST MEMORIAL PSYCH UNIT	14-S200	07/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ELMHURST SKILLED NURSING UNIT	14-5826	02/23/1995	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ELMHURST HOME HEALTH AGENCY	14-7408	12/04/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	ELMHURST MEMORIAL HOSPICE	14-1577	12/19/1994				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 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. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 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) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 6559923 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO	NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4		FTE/ CAMPUS 5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	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	6343	1181	14653	1
2	HMO XIX				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6	INTENSIVE CARE UNIT				6
7	CORONARY CARE UNIT				7
8	BURN INTENSIVE CARE UNIT				8
9	SURGICAL INTENSIVE CARE UNIT				9
10	OTHER SPECIAL CARE (SPECIFY)				10
11	NURSERY				11
12	TOTAL HOSPITAL	6343	1181	14653	12
13	RPCH VISITS				13
14	SUBPROVIDER I	184	160	673	14
15	SKILLED NURSING FACILITY				15
16	NURSING FACILITY				16
17	OTHER LONG TERM CARE				17
18	HOME HEALTH AGENCY				18
20	ASC (DISTINCT PART)				20
21	HOSPICE (DISTINCT PART)				21
23	O/P REHAB PROVIDER				23
24	RHC I				24
25	TOTAL				25
26	OBSERVATION BED DAYS				26
27	AMBULANCE TRIPS				27
28	EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	127227903		127227903	4568950.00	27.85		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	371902		371902	5532.00	67.23	CRNAS IN 20504	3
4	PHYSICIAN - PART A	339648		339648	3312.00	102.55		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	324997		324997	4666.00	69.65		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	2315865		2315865	86488.00	26.78		8
8.01	EXCLUDED AREA SALARIES	5949459	746518	6695977	264382.00	25.33	HHA, HOSPICE, PSYCH	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1763030		1763030	27157.00	64.92	PER DETAILED LIST	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	436167		436167	3112.00	140.16		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	24888832		24888832			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1740407		1740407			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	45088		45088			CMS 339	17
18	PHYSICIAN PART A	27387		27387			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	37686		37686			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	2555971		2555971	40927.00	62.45		21
22	ADMINISTRATIVE & GENERAL	24817278	-87657	24729621	929813.00	26.60		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	225730		225730	643.00	351.06		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2750332	-90843	2659489	83717.00	31.77		24
25	LAUNDRY & LINEN SERVICE	503860		503860	39662.00	12.70		25
26	HOUSEKEEPING	3152485	-350250	2802235	212793.00	13.17		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2390533	-1038542	1351991	84551.00	15.99		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	258876	1029796	1288672	79342.00	16.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2163978		2163978	49924.00	43.35		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	4682248		4682248	122502.00	38.22		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2109703		2109703	101232.00	20.84		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

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)	
1		1	2	3	4	5	
1	NET SALARIES	126756734		126756734	4559395.00	27.80	1
2	EXCLUDED AREA SALARIES	8265324	746518	9011842	350870.00	25.68	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	118491410	-746518	117744892	4208525.00	27.98	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2199197		2199197	30269.00	72.66	4
5	SUBTOTAL WAGE-RELATED COSTS	24916219		24916219		21.16%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	145606826	-746518	144860308	4238794.00	34.17	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	45610994	-537496	45073498	1745106.00	25.83	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1222		1337	2559	1
2 UNDUPLICATED CENSUS COUNT		1633.00		433.00	2066.00	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)	1.05		1.05	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	2.02		2.02	4
5 OTHER ADMINISTRATIVE PERSONNEL	45.52		45.52	5
6 DIRECT NURSING SERVICE	8.56		8.56	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	7.53	.28	7.81	8
9 PHYSICAL THERAPY SUPERVISOR	.48		.48	9
10 OCCUPATIONAL THERAPY SERVICE	.68	.08	.76	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.04		.04	11
12 SPEECH PATHOLOGY SERVICE		.09	.09	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.66		.66	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PARISH NURSE	2.19		2.19	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		01600	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

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	9216	17	373	160		9766	21
22	SKILLED NURSING VISIT CHARGES	1529856	2822	61918	26560		1621156	22
23	PHYSICAL THERAPY VISITS	11044	11	44	212		11311	23
24	PHYSICAL THERAPY VISIT CHARGES	2010008	2002	8008	38584		2058602	24
25	OCCUPATIONAL THERAPY VISITS	643	1	3	12		659	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	117026	182	546	2184		119938	26
27	SPEECH PATHOLOGY VISITS	32		2	8		42	27
28	SPEECH PATHOLOGY VISIT CHARGES	5824		364	1456		7644	28
29	MEDICAL SOCIAL SERVICE VISITS	189		6	3		198	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	42147		1338	669		44154	30
31	HOME HEALTH AIDE VISITS	946	10		25		981	31
32	HOME HEALTH AIDE VISIT CHARGES	125818	1330		3325		130473	32
33	TOTAL VISITS	22070	39	428	420		22957	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	3830679	6336	72174	72778		3981967	35
36	TOTAL NUMBER OF EPISODES	1492		161	42		1695	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1				1	37
38	TOTAL MEDICAL SUPPLY CHARGES							38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		79						1
2	RUB		474						2
3	RUA		190						3
3.01	RUX		225						3.01
3.02	RUL		2454						3.02
4	RVC		55						4
5	RVB		650						5
6	RVA		348						6
6.01	RVX		726						6.01
6.02	RVL		3354						6.02
7	RHC		14						7
8	RHB		112						8
9	RHA		128						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB		6						11
12	RMA		14						12
12.01	RMX		743						12.01
12.02	RML		623						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3								15
16	SE2		44						16
17	SE1								17
18	SSC								18
19	SSB		4						19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		10243						46

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:20

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE					21	21 1
2 ROUTINE HOME CARE	14938				723	15661 2
3 INPATIENT RESPITE CARE						3
4 GENERAL INPATIENT CARE	340				26	366 4
5 TOTAL HOSPICE DAYS	15278				770	16048 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	240				11	251 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	63.66				70.00	63.94 8
9 UNDUPLICATED CENSUS COUNT	240					240 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	18163279	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	18163279	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.239077	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	71991824	28
29	TOTAL GROSS MEDICAID COST	17211589	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	37219551	30
31	UNCOMPENSATED CARE COST	8898339	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	17211589	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				5555515	5555515	617668	6173183	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8616812	8616812	-4861	8611951	4
5	0500 EMPLOYEE BENEFITS	2555971	25386385	27942356	620045	28562401	-120722	28441679	5
6	0600 ADMINISTRATIVE & GENERAL	24817278	64655483	89472761	-16574140	72898621	-20572174	52326447	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2750332	10365832	13116164	-1647935	11468229		11468229	8
9	0900 LAUNDRY & LINEN SERVICE	503860	1522884	2026744		2026744		2026744	9
10	1000 HOUSEKEEPING	3152485	697265	3849750	-417553	3432197		3432197	10
11	1100 DIETARY	2390533	1627729	4018262	-2003179	2015083	-626774	1388309	11
12	1200 CAFETERIA	258876	205978	464854	1978486	2443340	-1329827	1113513	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2163978	318625	2482603		2482603	-47446	2435157	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY	4682248	18478644	23160892	-18105905	5054987	-464250	4590737	16
17	1700 MEDICAL RECORDS & LIBRARY	2109703	254466	2364169		2364169	-99229	2264940	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	23719392	3105224	26824616	-667880	26156736	-698454	25458282	25
26	2600 INTENSIVE CARE UNIT	4142719	649495	4792214	47800	4840014	-47716	4792298	26
27	2700 CORONARY CARE UNIT								27
31	3100 SUBPROVIDER I	1429658	55657	1485315	264061	1749376	-53174	1696202	31
33	3300 NURSERY				942048	942048		942048	33
34	3400 SKILLED NURSING FACILITY	2315865	190606	2506471	236243	2742714	-9996	2732718	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	8970300	14074286	23044586	66697	23111283	-123096	22988187	37
40	4000 ANESTHESIOLOGY	550641	331770	882411		882411	-371902	510509	40
41	4100 RADIOLOGY-DIAGNOSTIC	8012740	945196	8957936	-476189	8481747	-5869	8475878	41
42	4200 RADIOLOGY-THERAPEUTIC	2154696	597905	2752601	330860	3083461	-2216	3081245	42
43	4300 RADIOISOTOPE	651928	584875	1236803	147629	1384432		1384432	43
44	4400 LABORATORY	7032673	7964368	14997041	136309	15133350	-410962	14722388	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1805945	398632	2204577	32592	2237169	-32508	2204661	49
49.01	3950 SLEEP LAB	283027	262802	545829		545829		545829	49.01
50	5000 PHYSICAL THERAPY	3053867	697619	3751486	158695	3910181	-6598	3903583	50
51	5100 OCCUPATIONAL THERAPY	650550	204549	855099	104990	960089		960089	51
52	5200 SPEECH PATHOLOGY	221501	61173	282674	34708	317382		317382	52
53	5300 ELECTROCARDIOLOGY	967659	1175046	2142705		2142705	-1109303	1033402	53
53.01	3120 CATH LAB	1455229	7719062	9174291	-150000	9024291		9024291	53.01
56	5600 DRUGS CHARGED TO PATIENTS				18105905	18105905		18105905	56
57	5700 RENAL DIALYSIS		469759	469759		469759		469759	57
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	501069	45629	546698		546698		546698	60
61	6100 EMERGENCY	5059911	1004463	6064374	362167	6426541	-419646	6006895	61
61.01	4950 OUTPATIENT CLINICS	3789221	3258099	7047320	288321	7335641	-3020411	4315230	61.01
61.02	4951 CARDIAC REHAB	554247	13887	568134		568134	-50	568084	61.02
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	3405118	2339700	5744818	-1081841	4662977	-349364	4313613	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
93	9300 HOSPICE	585549	767926	1353475	228274	1581749	-2725	1579024	93
95	SUBTOTALS	126698769	170431019	297129788	-2866465	294263323	-29311605	264951718	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	124836	65473	190309		190309		190309	96
98	9800 PHYSICIANS' PRIVATE OFFICES	404298	298856	703154	2849622	3552776		3552776	98
98.01	9801 MEALS ON WHEELS								98.01
98.02	9802 GUEST MEALS				16843	16843		16843	98.02
100	7950 OTHER NONREIMBURSABLE								100
101	TOTAL	127227903	170795348	298023251		298023251	-29311605	268711646	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 RECLASS CAFETERIA	A	CAFETERIA	12	1029796	948690
2	A	GUEST MEALS	98.02	8746	8097
3					
4 RECLASS DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		6065286
5	B	NEW CAP REL COSTS-MVBLE EQUIP	4		7310978
6					
7					
8 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	56		18105905
9					
10 RECLASS PHYSICIAN ADMIN TIMES	D	SUBPROVIDER I	31		53258
11	D	SKILLED NURSING FACILITY	34		10080
12	D	OPERATING ROOM	37		123180
13	D	RADIOLOGY-THERAPEUTIC	42		2300
14	D	ADULTS & PEDIATRICS	25		666525
15	D	INTENSIVE CARE UNIT	26		47800
16	D	LABORATORY	44		155609
17	D	RESPIRATORY THERAPY	49		32592
18	D	EMERGENCY	61		362167
19	D	OUTPATIENT CLINICS	61.01		164088
20	D	HOSPICE	93		8800
21					
22 RECLASS HHA BENEFITS	E	EMPLOYEE BENEFITS	5		732628
23					
24					
25 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-THERAPEUTIC	42	314420	14140
26	F	RADIOISOTOPE	43	141276	6353
27					
28 RECLASS SELF FUNDED DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		1305834
29	G				
30	G				
31	G				
32	G				
33	G				
34	G				
35	G				
36 SUBTOTAL				1494238	36124310

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS CAFETERIA	A	DIETARY	11	1038542	956787	1
2	A					2
3						3
4 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6		13376264	9 4
5	B					9 5
6						6
7						7
8 RECLASS DRUGS SOLD	C	PHARMACY	16		18105905	8
9						9
10 RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	6		1626399	10
11	D					11
12	D					12
13	D					13
14	D					14
15	D					15
16	D					16
17	D					17
18	D					18
19	D					19
20	D					20
21						21
22 RECLASS HHA BENEFITS	E	HOME HEALTH AGENCY	71		732628	22
23						23
24						24
25 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	41	455696	20493	25
26	F					26
27						27
28 RECLASS SELF FUNDED DEPRECIATION	G	EMPLOYEE BENEFITS	5		112583	9 28
29	G	ADMINISTRATIVE & GENERAL	6		589489	29
30	G	OPERATION OF PLANT	8		312808	30
31	G	DIETARY	11		7850	31
32	G	ADULTS & PEDIATRICS	25		41574	32
33	G	OPERATING ROOM	37		56483	33
34	G	LABORATORY	44		19300	34
35	G	CATH LAB	53.01		150000	35
36 SUBTOTAL				1494238	36108563	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 1 2	LINE # 3	SALARY 4	OTHER 5
1	G				1
2					2
3					3
4 PSYCH ADMIN COSTS	H	SUBPROVIDER I	31	209022	1781 4
5	H	OUTPATIENT CLINICS	61.01	138797	1183 5
6					6
7					7
8					8
9					9
10 RECLASS NURSERY COSTS	I	NURSERY	33	834836	107212 10
11					11
12					12
13 RECLASSIFY HOSPITAL OVERHEAD COSTS	K	ADMINISTRATIVE & GENERAL	6	119579	10160 13
14					14
15					15
16					16
17 RECLASS HHA ADMIN TO HOSPICE	L	HOSPICE	93	134274	85200 17
18					18
19 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	51	50330	2473 19
20	M	SPEECH PATHOLOGY	52	16638	818 20
21					21
22 RECLASS PROPERTY INSURANCE TO BLDG	N	NEW CAP REL COSTS-BLDG & FIXT	3		272780 22
23					23
24 SNF MANAGEMENT FEES	O	SKILLED NURSING FACILITY	34		226163 24
25	O	PHYSICAL THERAPY	50		228954 25
26	O	OCCUPATIONAL THERAPY	51		52187 26
27	O	SPEECH PATHOLOGY	52		17252 27
28					28
29 RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES	98	122705	231564 29
30	Q				30
31					31
32 RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES	98	525624	1969729 32
33	R				33
34	R				34
35	R				35
36 TOTAL RECLASSIFICATIONS				3646043	39331766 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	G	OUTPATIENT CLINICS	61.01		15747	1
2						2
3						3
4	H	ADULTS & PEDIATRICS	25	347819	2964	4
5	H					5
6						6
7						7
8						8
9						9
10	I	ADULTS & PEDIATRICS	25	834836	107212	10
11						11
12						12
13	K	HOME HEALTH AGENCY	71	119579	10160	13
14						14
15						15
16						16
17	L	HOME HEALTH AGENCY	71	134274	85200	17
18						18
19	M	PHYSICAL THERAPY	50	66968	3291	19
20	M					20
21						21
22	N	ADMINISTRATIVE & GENERAL	6		272780	9 22
23						23
24	O	ADMINISTRATIVE & GENERAL	6		524556	24
25	O					25
26	O					26
27	O					27
28						28
29	Q	OPERATION OF PLANT	8	25480	214444	29
30	Q	HOUSEKEEPING	10	97225	17120	30
31						31
32	R	NEW CAP REL COSTS-BLDG & FIXT	3		782551	9 32
33	R	ADMINISTRATIVE & GENERAL	6	207236	107155	33
34	R	OPERATION OF PLANT	8	65363	1029840	34
35	R	HOUSEKEEPING	10	253025	50183	35
36		TOTAL RECLASSIFICATIONS		3646043	39331766	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	3511314					3511314		1
2 LAND IMPROVEMENTS	7218944	797710		797710		8016654		2
3 BUILDINGS AND FIXTURES	88572530	3598764		3598764		92171294		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	78264746	2583549		2583549		80848295		5
6 MOVABLE EQUIPMENT	118528575	9690585		9690585	2332027	125887133		6
7 SUBTOTAL	296096109	16670608		16670608	2332027	310434690		7
8 RECONCILING ITEMS								8
9 TOTAL	296096109	16670608		16670608	2332027	310434690		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6173183						6173183 3
4 NEW CAP REL COSTS-MVBLE EQUIP	8611951						8611951 4
5 TOTAL	14785134						14785134 5

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-1	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	B	-35006	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-109902	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4797009			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	1775539			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1329827	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-99229	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 COMMUNITY ED REVENUE	B	-54296	ADMINISTRATIVE & GENERAL	6	37
37.03 ADVERTISING OFFSET	A	-1918287	ADMINISTRATIVE & GENERAL	6	37.03
37.08 FOUNDATION SALARIES CONTRA	B	-428727	ADMINISTRATIVE & GENERAL	6	37.08
37.10 OFFSET CPE TUITION	B	-450	ADMINISTRATIVE & GENERAL	6	37.10
37.15 OFFSET ANSWERING SVC REVENUES	B	-450372	ADMINISTRATIVE & GENERAL	6	37.15
37.21 RADIOLOGY OTHER REVENUE	B	-5869	RADIOLOGY-DIAGNOSTIC	41	37.21
37.26 OFFSET MGMT FEES FOUNDATION	B	-54268	ADMINISTRATIVE & GENERAL	6	37.26
37.27 HHA RELATED PARTY RENT	A	-237408	HOME HEALTH AGENCY	71	37.27
38 ADVERTISING BENEFITS	A	-67139	EMPLOYEE BENEFITS	5	38
38.31 UNFUNDED MALPRACTICE SELF-INS	A	-3311954	ADMINISTRATIVE & GENERAL	6	38.31
38.32 FOOD SERVICES OTHER REVENUE	B	-6243	DIETARY	11	38.32
38.33 NURSING ADMIN OTHER REVENUE	B	-47446	NURSING ADMINISTRATION	14	38.33
39					39
40 OFFSET PHYSICIAN DEVELOPMENT CO	A	-280395	ADMINISTRATIVE & GENERAL	6	40
40.20 PHYSICAL THERAPY OTHER REVENUE	B	-6598	PHYSICAL THERAPY	50	40.20
40.21 PATIENT PHONE BENEFITS	A	-10148	EMPLOYEE BENEFITS	5	40.21
40.22 PATIENT PHONE DEPR	A	-4861	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.22
41					41
42 DIETARY LEASED EMPLOYEES	B	-43152	DIETARY	11	42
43					43
44 OFFSET PERINATAL ED REVENUES	B	-23122	ADULTS & PEDIATRICS	25	44
45 OTHER EDUCATIO SERVICES	B	-441510	ADMINISTRATIVE & GENERAL	6	45
46 OFFSET BAD DEBT EXPENSE	A	-13278931	ADMINISTRATIVE & GENERAL	6	46
47					47
47.01 OFFSET IHA LOBBYIN DUES	A	-30678	ADMINISTRATIVE & GENERAL	6	47.01
47.04 OTHER DUES, LOBBYING	A	-15567	ADMINISTRATIVE & GENERAL	6	47.04
47.05 MISCELLANEOUS REVENUE	B	-1265	ADMINISTRATIVE & GENERAL	6	47.05
48 PHARMACY OTHER REVENUE	B	-9000	PHARMACY	16	48
49 OFFSET INFUSION THERAPY COST	A	-455250	PHARMACY	16	49
49.02 EDUCATION & DEVELOP. REVENUE	B	-3575	EMPLOYEE BENEFITS	5	49.02

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.03 OFFSET HHA BAD DEBTS	A	-111956	HOME HEALTH AGENCY	71	49.03
49.04 HOSPICE BAD DEBTS	A	-2725	HOSPICE	93	49.04
49.07 OFFSET GOODWILL	A	-80405	ADMINISTRATIVE & GENERAL	6	49.07
49.09 PAT ACCTG OTHER REVENUE	B	-7311	ADMINISTRATIVE & GENERAL	6	49.09
49.11 QUAL RESOURCE MGMT REVENUE	B	-2970	ADMINISTRATIVE & GENERAL	6	49.11
49.14 DIETARY PAT. REVENUE	B	-520766	DIETARY	11	49.14
49.15 FOOD SERVICES OTHER REVENUE	B	-7360	DIETARY	11	49.15
49.16 CLINICAL NUTRITION REVENUE	B	-49253	DIETARY	11	49.16
49.18 BREAST PUMP RENTAL REVENUE	B	-8332	ADULTS & PEDIATRICS	25	49.18
49.19 BIRTHING CENTER OTHER REVENUE	B	-475	ADULTS & PEDIATRICS	25	49.19
49.21 ER NURSING EDUCATION REVENUE	B	-3650	EMERGENCY	61	49.21
49.22 ER OTHER OPER REVENUE	B	-252256	EMERGENCY	61	49.22
49.23 OTHER CLINICS REVENUE	B	-1241202	OUTPATIENT CLINICS	61.01	49.23
49.24 CARDIAC REHAB OTHER REVENUE	B	-50	CARDIAC REHAB	61.02	49.24
49.25 CRNA PART B COSTS	A	-371902	ANESTHESIOLOGY	40	49.25
49.26 CRNA BENEFITS	A	-39860	EMPLOYEE BENEFITS	5	49.26
49.28 REAL ESTATE TAXES	A	-374706	ADMINISTRATIVE & GENERAL	6	49.28
49.29 ACCESS HEALTH SUBSIDY	A	-454480	ADMINISTRATIVE & GENERAL	6	49.29
50 TOTAL		-29311605			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	1541870		1541870	1
2							2
3	6	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD		384000	-384000	3
4	3	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	259098		259098	9 4
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	358571		358571	9 4.02
5		TOTALS		2159539	384000	1775539	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
1	B ELMHURST PARENT CORP	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	737529	323881	413648	174000	4052	338965	16948
2	25	ADULTS & PEDIATRICS	666525	666525					
3	26	INTENSIVE CARE UNIT	47800		47800	174000	1	84	4
4	31	SUBPROVIDER I	53258	18000	35258	174000	1	84	4
5	34	SKILLED NURSING FACILITY	10080		10080	174000	1	84	4
6	37	OPERATING ROOM	123180		123180	174000	1	84	4
8	42	RADIOLOGY-THERAPEUTIC	2300		2300	174000	1	84	4
9	44	LABORATORY	411046	255437	155609	174000	1	84	4
10	49	RESPIRATORY THERAPY	32592		32592	174000	1	84	4
11	53	ELECTROCARDIOLOGY	1109303	1109303					
12	61	EMERGENCY	362167		362167	174000	2372	198427	9921
13	61.01	OUTPATIENT CLINICS	1779293	1726005	53288	174000	1	84	4
101		TOTAL	5335073	4099151	1235922		6432	538064	26901

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:20

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL	AGGREGATE				338965	74683	398564
2	25 ADULTS & PEDIATRICS	BIRTHING CENTER						666525
3	26 INTENSIVE CARE UNIT	AGGREGATE				84	47716	47716
4	31 SUBPROVIDER I	AGGREGATE				84	35174	53174
5	34 SKILLED NURSING FACILITY	AGGREGATE				84	9996	9996
6	37 OPERATING ROOM	AGGREGATE				84	123096	123096
8	42 RADIOLOGY-THERAPEUTIC	AGGREGATE				84	2216	2216
9	44 LABORATORY	AGGREGATE				84	155525	410962
10	49 RESPIRATORY THERAPY	AGGREGATE				84	32508	32508
11	53 ELECTROCARDIOLOGY	AGGREGATE						1109303
12	61 EMERGENCY	AGGREGATE				198427	163740	163740
13	61.01 OUTPATIENT CLINICS	AGGREGATE				84	53204	1779209
101	TOTAL					538064	697858	4797009

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	6173183	6173183							3
4 NEW CAP REL COSTS-MVBLE EQUIP	8611951		8611951						4
5 EMPLOYEE BENEFITS	28441679	45326	119820	28606825					5
6 ADMINISTRATIVE & GENERAL	52326447	1042581	2671119	5674362	61714509	61714509			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	11468229	1450945	225214	610238	13754626	4100832	17855458		8
9 LAUNDRY & LINEN SERVICE	2026744	144374	1481	115614	2288213	682212	709308	3679733	9
10 HOUSEKEEPING	3432197	62780	8900	642992	4146869	1236356	308436	52577	10
11 DIETARY	1388309	77622	77978	310224	1854133	552795	381355		11
12 CAFETERIA	1113513	121449	19185	295695	1549842	462073	596677	4121	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2435157	32020	455338	496540	3419055	1019364	157313		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	4590737	37684	41995	1074375	5744791	1712763	185143		16
17 MEDICAL RECORDS & LIBRARY	2264940	57253	189732	484086	2996011	893237	281284		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	25458282	905518	286050	5171212	31821062	9487162	4448808	1657446	25
26 INTENSIVE CARE UNIT	4792298	153284	96180	950576	5992338	1786568	753087	113071	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I	1696202	81677	8157	376007	2162043	644596	401279	24180	31
33 NURSERY	942048	54283	35446	191559	1223336	364728	266691		33
34 SKILLED NURSING FACILITY	2732718	116354	10913	531391	3391376	1011112	571648	179176	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22988187	418086	1100657	2058298	26565228	7920210	2054057	577455	37
40 ANESTHESIOLOGY	510509	9196	150462	126348	796515	237475	45179		40
41 RADIOLOGY-DIAGNOSTIC	8475878	247284	1798878	1734017	12256057	3654045	1214905	113300	41
42 RADIOLOGY-THERAPEUTIC	3081245	32663	101280	566556	3781744	1127497	160475	26394	42
43 RADIOISOTOPE	1384432	135537	73686	182006	1775661	529399	665891	21106	43
44 LABORATORY	14722388	218630	375065	1613696	16929779	5047478	1074128	1488	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2204661	21472	116295	414387	2756815	821922	105493		49
49.01 SLEEP LAB	545829	50356		64943	661128	197110	247399		49.01
50 PHYSICAL THERAPY	3903583	43680	16327	685365	4648955	1386049	214600	70339	50
51 OCCUPATIONAL THERAPY	960089	16221	2829	160822	1139961	339870	79696		51
52 SPEECH PATHOLOGY	317382	9196		54643	381221	113658	45179		52
53 ELECTROCARDIOLOGY	1033402	41887	54720	222036	1352045	403101	205790	590	53
53.01 CATH LAB	9024291	96758	319552	333912	9774513	2914193	475372	57711	53.01
56 DRUGS CHARGED TO PATIENTS	18105905				18105905	5398131		32	56
57 RENAL DIALYSIS	469759	44039	781		514579	153418	216362	2670	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	546698	23054	2021	114974	686747	204748	113263		60
61 EMERGENCY	6006895	83654	191908	1161032	7443489	2219217	410992	463943	61
61.01 OUTPATIENT CLINICS	4315230	152705	48703	901311	5417949	1615318	750240	70605	61.01
61.02 CARDIAC REHAB	568084	28010	11279	127176	734549	219000	137615	92	61.02
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	4313613	75405		723080	5112098	1524131	370467		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	1579024	17555		165168	1761747	525251	86246		93
95 SUBTOTALS	264951718	6148538	8611951	28334641	264654889	60505019	17734378	3436296	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	190309	22806		28644	241759	72079	112044		96
98 PHYSICIANS' PRIVATE OFFICES	3552776	1839		241533	3796148	1131791	9036	243437	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS	16843			2007	18850	5620			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	268711646	6173183	8611951	28606825	268711646	61714509	17855458	3679733	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17		
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	5744238							10
11 DIETARY	130100	2918383						11
12 CAFETERIA	203558		2816271					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	53668		45504	4694904				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	63162		111656		7817515			16
17 MEDICAL RECORDS & LIBRARY	95961		92269			4358762		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1517725	2020491	704712	1888769	7048	1142088	54695311	25
26 INTENSIVE CARE UNIT	256918	182776	113328	303741	1074	303746	9806647	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	136897	189970	54131	145081	161	179210	3937548	31
33 NURSERY	90982		23177	62118			2031032	33
34 SKILLED NURSING FACILITY	195020	505316	78830	211280	260	202498	6346516	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	700748	176	271754	728354	55991	607493	39481466	37
40 ANESTHESIOLOGY	15413		12962	34740	946		1143230	40
41 RADIOLOGY-DIAGNOSTIC	414469		197828		148860	404995	18404459	41
42 RADIOLOGY-THERAPEUTIC	54747	1072	72941	195497	41		5420408	42
43 RADIOISOTOPE	227171		23338		228713		3471279	43
44 LABORATORY	366442		261248		629	607493	24288685	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	35989		61040		31657		3812916	49
49.01 SLEEP LAB	84401		10206		43		1200287	49.01
50 PHYSICAL THERAPY	73211		104195		905	404995	6903249	50
51 OCCUPATIONAL THERAPY	27188		19399				1606114	51
52 SPEECH PATHOLOGY	15413		5773				561244	52
53 ELECTROCARDIOLOGY	70206		34168		2		2065902	53
53.01 CATH LAB	162175	4778	34357		19248		13442347	53.01
56 DRUGS CHARGED TO PATIENTS					7276094		30780162	56
57 RENAL DIALYSIS	73812						960841	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	38640		16644				1060042	60
61 EMERGENCY	140211	13804	155164	415870	5348	404995	11673033	61
61.01 OUTPATIENT CLINICS	255947		115147	308617	40492	101249	8675564	61.01
61.02 CARDIAC REHAB	46948		17361	46530	3		1202098	61.02
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	126386		117920	316049			7567051	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	29423		14274	38258			2455199	93
95 SUBTOTALS	5702931	2918383	2769326	4694904	7817515	4358762	262992630	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	38224		5443				469549	96
98 PHYSICIANS' PRIVATE OFFICES	3083		41502				5224997	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							24470	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5744238	2918383	2816271	4694904	7817515	4358762	268711646	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	54695311	25
26	INTENSIVE CARE UNIT	9806647	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	3937548	31
33	NURSERY	2031032	33
34	SKILLED NURSING FACILITY	6346516	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	39481466	37
40	ANESTHESIOLOGY	1143230	40
41	RADIOLOGY-DIAGNOSTIC	18404459	41
42	RADIOLOGY-THERAPEUTIC	5420408	42
43	RADIOISOTOPE	3471279	43
44	LABORATORY	24288685	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	3812916	49
49.01	SLEEP LAB	1200287	49.01
50	PHYSICAL THERAPY	6903249	50
51	OCCUPATIONAL THERAPY	1606114	51
52	SPEECH PATHOLOGY	561244	52
53	ELECTROCARDIOLOGY	2065902	53
53.01	CATH LAB	13442347	53.01
56	DRUGS CHARGED TO PATIENTS	30780162	56
57	RENAL DIALYSIS	960841	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	1060042	60
61	EMERGENCY	11673033	61
61.01	OUTPATIENT CLINICS	8675564	61.01
61.02	CARDIAC REHAB	1202098	61.02
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	7567051	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	2455199	93
95	SUBTOTALS	262992630	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	469549	96
98	PHYSICIANS' PRIVATE OFFICES	5224997	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	24470	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	268711646	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 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		45326	119820	165146	165146				5
6 ADMINISTRATIVE & GENERAL	19991	1042581	2671119	3733691	32722	3766413			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1450945	225214	1676159	3524	250265	1929948		8
9 LAUNDRY & LINEN SERVICE		144374	1481	145855	668	41634	76667	264824	9
10 HOUSEKEEPING		62780	8900	71680	3713	75452	33338	3784	10
11 DIETARY	10172	77622	77978	165772	1791	33736	41220		11
12 CAFETERIA	9466	121449	19185	150100	1707	28199	64493	297	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		32020	455338	487358	2867	62210	17004		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	106441	37684	41995	186120	6204	104526	20012		16
17 MEDICAL RECORDS & LIBRARY	15211	57253	189732	262196	2795	54512	30403		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8195	905518	286050	1199763	29861	579086	480861	119283	25
26 INTENSIVE CARE UNIT		153284	96180	249464	5489	109031	81399	8138	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I		81677	8157	89834	2171	39338	43373	1740	31
33 NURSERY		54283	35446	89729	1106	22259	28826		33
34 SKILLED NURSING FACILITY	1397	116354	10913	128664	3069	61706	61788	12895	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	407791	418086	1100657	1926534	11886	483354	222018	41559	37
40 ANESTHESIOLOGY		9196	150462	159658	730	14493	4883		40
41 RADIOLOGY-DIAGNOSTIC		247284	1798878	2046162	10013	222999	131316	8154	41
42 RADIOLOGY-THERAPEUTIC	35646	32663	101280	169589	3272	68809	17345	1900	42
43 RADIOISOTOPE		135537	73686	209223	1051	32308	71974	1519	43
44 LABORATORY	653726	218630	375065	1247421	9318	308037	116100	107	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2929	21472	116295	140696	2393	50160	11402		49
49.01 SLEEP LAB		50356		50356	375	12029	26741		49.01
50 PHYSICAL THERAPY		43680	16327	60007	3958	84588	23195	5062	50
51 OCCUPATIONAL THERAPY		16221	2829	19050	929	20742	8614		51
52 SPEECH PATHOLOGY		9196		9196	316	6936	4883		52
53 ELECTROCARDIOLOGY	50329	41887	54720	146936	1282	24600	22243	42	53
53.01 CATH LAB		96758	319552	416310	1928	177847	51382	4153	53.01
56 DRUGS CHARGED TO PATIENTS						329437		2	56
57 RENAL DIALYSIS		44039	781	44820		9363	23386	192	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		23054	2021	25075	664	12495	12242		60
61 EMERGENCY	5142	83654	191908	280704	6704	135434	44423	33389	61
61.01 OUTPATIENT CLINICS	144168	152705	48703	345576	5205	98580	81091	5081	61.01
61.02 CARDIAC REHAB		28010	11279	39289	734	13365	14874	7	61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		75405		75405	4175	93015	40043		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE		17555		17555	954	32055	9322		93
95 SUBTOTALS	1470604	6148538	8611951	16231093	163574	3692600	1916861	247304	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		22806		22806	165	4399	12110		96
98 PHYSICIANS' PRIVATE OFFICES		1839		1839	1395	69071	977	17520	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS					12	343			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1470604	6173183	8611951	16255738	165146	3766413	1929948	264824	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	187967							10
11 DIETARY	4257	246776						11
12 CAFETERIA	6661		251457					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1756		4063	575258				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	2067		9969		328898			16
17 MEDICAL RECORDS & LIBRARY	3140		8238			361284		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	49664	170851	62922	231427	297	94664	3018679	25
26 INTENSIVE CARE UNIT	8407	15455	10119	37217	45	25177	549941	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	4480	16064	4833	17776	7	14854	234470	31
33 NURSERY	2977		2069	7611			154577	33
34 SKILLED NURSING FACILITY	6382	42729	7039	25888	11	16784	366955	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	22930	15	24264	89244	2356	50353	2874513	37
40 ANESTHESIOLOGY	504		1157	4257	40		185722	40
41 RADIOLOGY-DIAGNOSTIC	13563		17664		6263	33569	2489703	41
42 RADIOLOGY-THERAPEUTIC	1791	91	6513	23954	2		293266	42
43 RADIOISOTOPE	7434		2084		9622		335215	43
44 LABORATORY	11991		23326		26	50353	1766679	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1178		5450		1332		212611	49
49.01 SLEEP LAB	2762		911		2		93176	49.01
50 PHYSICAL THERAPY	2396		9303		38	33569	222116	50
51 OCCUPATIONAL THERAPY	890		1732				51957	51
52 SPEECH PATHOLOGY	504		515				22350	52
53 ELECTROCARDIOLOGY	2297		3051				200451	53
53.01 CATH LAB	5307	404	3068		810		661209	53.01
56 DRUGS CHARGED TO PATIENTS					306118		635557	56
57 RENAL DIALYSIS	2415						80176	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1264		1486				53226	60
61 EMERGENCY	4588	1167	13854	50956	225	33569	605013	61
61.01 OUTPATIENT CLINICS	8375		10281	37814	1704	8392	602099	61.01
61.02 CARDIAC REHAB	1536		1550	5701			77056	61.02
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	4136		10529	38725			266028	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	963		1275	4688			66812	93
95 SUBTOTALS	186615	246776	247265	575258	328898	361284	16119557	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1251		486				41217	96
98 PHYSICIANS' PRIVATE OFFICES	101		3706				94609	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							355	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	187967	246776	251457	575258	328898	361284	16255738	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	3018679	25
26	INTENSIVE CARE UNIT	549941	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	234470	31
33	NURSERY	154577	33
34	SKILLED NURSING FACILITY	366955	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2874513	37
40	ANESTHESIOLOGY	185722	40
41	RADIOLOGY-DIAGNOSTIC	2489703	41
42	RADIOLOGY-THERAPEUTIC	293266	42
43	RADIOISOTOPE	335215	43
44	LABORATORY	1766679	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	212611	49
49.01	SLEEP LAB	93176	49.01
50	PHYSICAL THERAPY	222116	50
51	OCCUPATIONAL THERAPY	51957	51
52	SPEECH PATHOLOGY	22350	52
53	ELECTROCARDIOLOGY	200451	53
53.01	CATH LAB	661209	53.01
56	DRUGS CHARGED TO PATIENTS	635557	56
57	RENAL DIALYSIS	80176	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	53226	60
61	EMERGENCY	605013	61
61.01	OUTPATIENT CLINICS	602099	61.01
61.02	CARDIAC REHAB	77056	61.02
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	266028	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	66812	93
95	SUBTOTALS	16119557	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	41217	96
98	PHYSICIANS' PRIVATE OFFICES	94609	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	355	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	16255738	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		3	4	5	6A	6	8	9	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	6173183	8611951	28606825		61714509	17855458	3679733	103
104	UNIT COST MULT-WS B PT I		1.012323				45.178871		104
104	UNIT COST MULT-WS B PT I	9.195781		.229457		.298142		1.336807	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			165146		3766413	1929948	264824	107
108	UNIT COST MULT-WS B PT III						4.883262		108
108	UNIT COST MULT-WS B PT III			.001325		.018195		.096208	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	SQUARE FEET	MEALS SERVED	FTES	DIRECT NRSING HRS	COSTED REQUIS.	LIBRARY TIME SPENT	
	10	11	12	14	16	17	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10	HOUSEKEEPING	372690					10
11	DIETARY	8441	215011				11
12	CAFETERIA	13207		3089851			12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3482		49924	1921866		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY	4098		122502	19453188		16
17	MEDICAL RECORDS & LIBRARY	6226		101232		4305	17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES						22
23	I&R SERVICES-OTHER PRGM COSTS						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	98471	148859	773170	773170	17538	25
26	INTENSIVE CARE UNIT	16669	13466	124337	124337	2672	26
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I	8882	13996	59389	59389	401	31
33	NURSERY	5903		25428	25428		33
34	SKILLED NURSING FACILITY	12653	37229	86488	86488	648	34
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	45465	13	298153	298153	139329	37
40	ANESTHESIOLOGY	1000		14221	14221	2355	40
41	RADIOLOGY-DIAGNOSTIC	26891		217045		370425	41
42	RADIOLOGY-THERAPEUTIC	3552	79	80027	80027	102	42
43	RADIOISOTOPE	14739		25605		569133	43
44	LABORATORY	23775		286626		1566	44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY	2335		66970		78776	49
49.01	SLEEP LAB	5476		11197		108	49.01
50	PHYSICAL THERAPY	4750		114317		2251	50
51	OCCUPATIONAL THERAPY	1764		21284			51
52	SPEECH PATHOLOGY	1000		6334			52
53	ELECTROCARDIOLOGY	4555		37487		5	53
53.01	CATH LAB	10522	352	37695		47897	53.01
56	DRUGS CHARGED TO PATIENTS					18105905	56
57	RENAL DIALYSIS	4789					57
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	2507		18261			60
61	EMERGENCY	9097	1017	170237	170237	13308	61
61.01	OUTPATIENT CLINICS	16606		126333	126333	100761	61.01
61.02	CARDIAC REHAB	3046		19047	19047	8	61.02
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERA						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY	8200		129375	129375		71
SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
93	HOSPICE	1909		15661	15661		93
95	SUBTOTALS	370010	215011	3038345	1921866	19453188	4305
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & C	2480		5972			96
98	PHYSICIANS' PRIVATE OFFICES	200		45534			98
98.01	MEALS ON WHEELS						98.01
98.02	GUEST MEALS						98.02
100	OTHER NONREIMBURSABLE						100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	SQUARE FEET	MEALS SERVED	FTEs	DIRECT NRSNG HRS	COSTED REQUIS.	TIME SPENT	
	10	11	12	14	16	17	
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5744238	2918383	2816271	4694904	7817515	4358762	103
104 UNIT COST MULT-WS B PT I	15.412912		.911459		.401863		104
104 UNIT COST MULT-WS B PT I		13.573180		2.442888		1012.488269	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	187967	246776	251457	575258	328898	361284	107
108 UNIT COST MULT-WS B PT III	.504352		.081382		.016907		108
108 UNIT COST MULT-WS B PT III		1.147737		.299323		83.921951	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	54695311		54695311		54695311	25
26 INTENSIVE CARE UNIT	9806647		9806647	47716	9854363	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	3937548		3937548	35174	3972722	31
33 NURSERY	2031032		2031032		2031032	33
34 SKILLED NURSING FACILITY	6346516		6346516	9996	6356512	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	39481466		39481466	123096	39604562	37
40 ANESTHESIOLOGY	1143230		1143230		1143230	40
41 RADIOLOGY-DIAGNOSTIC	18404459		18404459		18404459	41
42 RADIOLOGY-THERAPEUTIC	5420408		5420408	2216	5422624	42
43 RADIOISOTOPE	3471279		3471279		3471279	43
44 LABORATORY	24288685		24288685	155525	24444210	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3812916		3812916	32508	3845424	49
49.01 SLEEP LAB	1200287		1200287		1200287	49.01
50 PHYSICAL THERAPY	6903249		6903249		6903249	50
51 OCCUPATIONAL THERAPY	1606114		1606114		1606114	51
52 SPEECH PATHOLOGY	561244		561244		561244	52
53 ELECTROCARDIOLOGY	2065902		2065902		2065902	53
53.01 CATH LAB	13442347		13442347		13442347	53.01
56 DRUGS CHARGED TO PATIENTS	30780162		30780162		30780162	56
57 RENAL DIALYSIS	960841		960841		960841	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1060042		1060042		1060042	60
61 EMERGENCY	11673033		11673033	163740	11836773	61
61.01 OUTPATIENT CLINICS	8675564		8675564	53204	8728768	61.01
61.02 CARDIAC REHAB	1202098		1202098		1202098	61.02
62 OBSERVATION BEDS (NON-DISTI	4089387		4089387		4089387	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	257059767		257059767	623175	257682942	101
102 LESS OBSERVATION BEDS	4089387		4089387		4089387	102
103 TOTAL	252970380		252970380	623175	253593555	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	132065398		132065398			25
26 INTENSIVE CARE UNIT	19585047		19585047			26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	10367291		10367291			31
33 NURSERY	5513366		5513366			33
34 SKILLED NURSING FACILITY	14251573		14251573			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	73335865	55434203	128770068	.306604	.306604	.307560 37
40 ANESTHESIOLOGY	16396968	13392391	29789359	.038377	.038377	.038377 40
41 RADIOLOGY-DIAGNOSTIC	33304815	124322230	157627045	.116760	.116760	.116760 41
42 RADIOLOGY-THERAPEUTIC	995305	19092815	20088120	.269832	.269832	.269942 42
43 RADIOISOTOPE	4633015	11187547	15820562	.219416	.219416	.219416 43
44 LABORATORY	48769919	72709099	121479018	.199941	.199941	.201222 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	25108743	2305162	27413905	.139087	.139087	.140273 49
49.01 SLEEP LAB		3197275	3197275	.375409	.375409	.375409 49.01
50 PHYSICAL THERAPY	8087046	11577240	19664286	.351055	.351055	.351055 50
51 OCCUPATIONAL THERAPY	3488205	1384210	4872415	.329634	.329634	.329634 51
52 SPEECH PATHOLOGY	1420131	175206	1595337	.351803	.351803	.351803 52
53 ELECTROCARDIOLOGY	1349758	6335540	7685298	.268812	.268812	.268812 53
53.01 CATH LAB	51185269	18787230	69972499	.192109	.192109	.192109 53.01
56 DRUGS CHARGED TO PATIENTS	130316791	75825980	206142771	.149315	.149315	.149315 56
57 RENAL DIALYSIS	1487134	23430	1510564	.636081	.636081	.636081 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	551463	325230	876693	1.209137	1.209137	1.209137 60
61 EMERGENCY	15136145	28038287	43174432	.270369	.270369	.274162 61
61.01 OUTPATIENT CLINICS	261456	9252373	9513829	.911890	.911890	.917482 61.01
61.02 CARDIAC REHAB	81608	1011562	1093170	1.099644	1.099644	1.099644 61.02
62 OBSERVATION BEDS (NON-DISTI	1829909	4214878	6044787	.676515	.676515	.676515 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	599522220	458591888	1058114108			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	599522220	458591888	1058114108			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				3018679		3018679
26 INTENSIVE CARE UNIT				549941		549941
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				234470		234470
33 NURSERY				154577		154577
101 TOTAL				3957667		3957667

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	59104	30227			51.07	1543693
26 INTENSIVE CARE UNIT	5313	2869			103.51	296970
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4631	1756			50.63	88906
33 NURSERY	2763				55.95	
101 TOTAL	71811	34852				1929569

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2874513	128770068	31446673			.022323	701984 37
40 ANESTHESIOLOGY		185722	29789359	8078392			.006235	50369 40
41 RADIOLOGY-DIAGNOSTIC		2489703	157627045	20229605			.015795	319527 41
42 RADIOLOGY-THERAPEUTIC		293266	20088120	694425			.014599	10138 42
43 RADIOISOTOPE		335215	15820562	2803449			.021189	59402 43
44 LABORATORY		1766679	121479018	29099430			.014543	423193 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		212611	27413905	16080381			.007756	124719 49
49.01 SLEEP LAB		93176	3197275				.029142	49.01
50 PHYSICAL THERAPY		222116	19664286	2986515			.011295	33733 50
51 OCCUPATIONAL THERAPY		51957	4872415	952168			.010664	10154 51
52 SPEECH PATHOLOGY		22350	1595337	733633			.014010	10278 52
53 ELECTROCARDIOLOGY		200451	7685298	946303			.026082	24681 53
53.01 CATH LAB		661209	69972499	29024406			.009450	274281 53.01
56 DRUGS CHARGED TO PATIENTS		635557	206142771	68856657			.003083	212285 56
57 RENAL DIALYSIS		80176	1510564	1167243			.053077	61954 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		53226	876693	363267			.060712	22055 60
61 EMERGENCY		605013	43174432	8250664			.014013	115617 61
61.01 OUTPATIENT CLINICS		602099	9513829	128544			.063287	8135 61.01
61.02 CARDIAC REHAB		77056	1093170	34650			.070489	2442 61.02
62 OBSERVATION BEDS (NON-DISTINC		225697	6044787				.037337	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11687792	876331433	221876405				2464947 101

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					59104		30227	25
26 INTENSIVE CARE UNIT					5313		2869	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					4631		1756	31
33 NURSERY					2763			33
34 SKILLED NURSING FACILITY					12700		10243	34
35 NURSING FACILITY								35
101 TOTAL					84511		45095	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		128770068			31446673		12447708 37
40 ANESTHESIOLOGY		29789359			8078392		3176605 40
41 RADIOLOGY-DIAGNOSTIC		157627045			20229605		28715604 41
42 RADIOLOGY-THERAPEUTIC		20088120			694425		8648103 42
43 RADIOISOTOPE		15820562			2803449		3726392 43
44 LABORATORY		121479018			29099430		4076610 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27413905			16080381		696094 49
49.01 SLEEP LAB		3197275					679653 49.01
50 PHYSICAL THERAPY		19664286			2986515		50
51 OCCUPATIONAL THERAPY		4872415			952168		51
52 SPEECH PATHOLOGY		1595337			733633		52
53 ELECTROCARDIOLOGY		7685298			946303		3076013 53
53.01 CATH LAB		69972499			29024406		10675397 53.01
56 DRUGS CHARGED TO PATIENTS		206142771			68856657		26048266 56
57 RENAL DIALYSIS		1510564			1167243		16574 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		876693			363267		70865 60
61 EMERGENCY		43174432			8250664		4345192 61
61.01 OUTPATIENT CLINICS		9513829			128544		847690 61.01
61.02 CARDIAC REHAB		1093170			34650		412397 61.02
62 OBSERVATION BEDS (NON-DISTINC		6044787					1169300 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		876331433			221876405		108828463 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
40 OPERATING ROOM	.306604	.306604	.306604			37
41 ANESTHESIOLOGY	.038377	.038377	.038377			40
42 RADIOLOGY-DIAGNOSTIC	.116760	.116760	.116760			41
43 RADIOLOGY-THERAPEUTIC	.269832	.269832	.269832			42
44 RADIOISOTOPE	.219416	.219416	.219416			43
44 LABORATORY	.199941	.199941	.199941			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.139087	.139087	.139087			49
49.01 SLEEP LAB	.375409	.375409	.375409			49.01
50 PHYSICAL THERAPY	.351055	.351055	.351055			50
51 OCCUPATIONAL THERAPY	.329634	.329634	.329634			51
52 SPEECH PATHOLOGY	.351803	.351803	.351803			52
53 ELECTROCARDIOLOGY	.268812	.268812	.268812			53
53.01 CATH LAB	.192109	.192109	.192109			53.01
56 DRUGS CHARGED TO PATIENTS	.149315	.149315	.149315			56
57 RENAL DIALYSIS	.636081	.636081	.636081			57
60 OUTPATIENT SERVICE COST CENTERS						
61 CLINIC	1.209137	1.209137	1.209137			60
61 EMERGENCY	.270369	.270369	.270369			61
61.01 OUTPATIENT CLINICS	.911890	.911890	.911890			61.01
61.02 CARDIAC REHAB	1.099644	1.099644	1.099644			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.676515	.676515	.676515			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.149315	1
2 PROGRAM VACCINE CHARGES	27775	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	4147	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 (14-0200) [] 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	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12447708						37
40 ANESTHESIOLOGY		3176605						40
41 RADIOLOGY-DIAGNOSTIC		28715604						41
42 RADIOLOGY-THERAPEUTIC		8648103						42
43 RADIOISOTOPE		3726392						43
44 LABORATORY		4076610						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		696094						49
49.01 SLEEP LAB		679653						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3076013						53
53.01 CATH LAB		10675397						53.01
56 DRUGS CHARGED TO PATIENTS		26048266						56
57 RENAL DIALYSIS		16574						57
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70865						60
61 EMERGENCY		4345192						61
61.01 OUTPATIENT CLINICS		847690						61.01
61.02 CARDIAC REHAB		412397						61.02
62 OBSERVATION BEDS (NON-DISTINCT		1169300						62
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		108828463						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		108828463						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] 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		3816517					37
40 ANESTHESIOLOGY		121909					40
41 RADIOLOGY-DIAGNOSTIC		3352834					41
42 RADIOLOGY-THERAPEUTIC		2333535					42
43 RADIOISOTOPE		817630					43
44 LABORATORY		815081					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		96818					49
49.01 SLEEP LAB		255148					49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		826869					53
53.01 CATH LAB		2050840					53.01
56 DRUGS CHARGED TO PATIENTS		3889397					56
57 RENAL DIALYSIS		10542					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		85685					60
61 EMERGENCY		1174805					61
61.01 OUTPATIENT CLINICS		773000					61.01
61.02 CARDIAC REHAB		453490					61.02
62 OBSERVATION BEDS (NON-DISTINCT)		791049					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		21665149					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		21665149					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2874513	128770068			.022323	37
40 ANESTHESIOLOGY		185722	29789359			.006235	40
41 RADIOLOGY-DIAGNOSTIC		2489703	157627045	41720		.015795	659 41
42 RADIOLOGY-THERAPEUTIC		293266	20088120			.014599	42
43 RADIOISOTOPE		335215	15820562			.021189	43
44 LABORATORY		1766679	121479018	252098		.014543	3666 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		212611	27413905	23984		.007756	186 49
49.01 SLEEP LAB		93176	3197275			.029142	49.01
50 PHYSICAL THERAPY		222116	19664286	18367		.011295	207 50
51 OCCUPATIONAL THERAPY		51957	4872415	3786		.010664	40 51
52 SPEECH PATHOLOGY		22350	1595337			.014010	52
53 ELECTROCARDIOLOGY		200451	7685298	9576		.026082	250 53
53.01 CATH LAB		661209	69972499			.009450	53.01
56 DRUGS CHARGED TO PATIENTS		635557	206142771	683944		.003083	2109 56
57 RENAL DIALYSIS		80176	1510564			.053077	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		53226	876693			.060712	60
61 EMERGENCY		605013	43174432	87026		.014013	1219 61
61.01 OUTPATIENT CLINICS		602099	9513829	7592		.063287	480 61.01
61.02 CARDIAC REHAB		77056	1093170			.070489	61.02
62 OBSERVATION BEDS (NON-DISTINC		225697	6044787			.037337	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		11687792	876331433	1128093			8816 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		128770068					37
40 ANESTHESIOLOGY		29789359					40
41 RADIOLOGY-DIAGNOSTIC		157627045			41720		41
42 RADIOLOGY-THERAPEUTIC		20088120					42
43 RADIOISOTOPE		15820562					43
44 LABORATORY		121479018			252098		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27413905			23984		49
49.01 SLEEP LAB		3197275					49.01
50 PHYSICAL THERAPY		19664286			18367		50
51 OCCUPATIONAL THERAPY		4872415			3786		51
52 SPEECH PATHOLOGY		1595337					52
53 ELECTROCARDIOLOGY		7685298			9576		53
53.01 CATH LAB		69972499					53.01
56 DRUGS CHARGED TO PATIENTS		206142771			683944		56
57 RENAL DIALYSIS		1510564					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		876693					60
61 EMERGENCY		43174432			87026		61
61.01 OUTPATIENT CLINICS		9513829			7592		61.01
61.02 CARDIAC REHAB		1093170					61.02
62 OBSERVATION BEDS (NON-DISTINC		6044787					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		876331433			1128093		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] 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
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
49.01 SLEEP LAB						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CATH LAB						53.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 OUTPATIENT CLINICS						61.01
61.02 CARDIAC REHAB						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5826) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5826) [] 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		128770068			14342		37
40 ANESTHESIOLOGY		29789359			1220		40
41 RADIOLOGY-DIAGNOSTIC		157627045			196847		41
42 RADIOLOGY-THERAPEUTIC		20088120					42
43 RADIOISOTOPE		15820562			10814		43
44 LABORATORY		121479018			1630609		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27413905			1182216		49
49.01 SLEEP LAB		3197275					49.01
50 PHYSICAL THERAPY		19664286			3283156		50
51 OCCUPATIONAL THERAPY		4872415			1889772		51
52 SPEECH PATHOLOGY		1595337			422034		52
53 ELECTROCARDIOLOGY		7685298			34204		53
53.01 CATH LAB		69972499					53.01
56 DRUGS CHARGED TO PATIENTS		206142771			5393943		56
57 RENAL DIALYSIS		1510564					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		876693					60
61 EMERGENCY		43174432					61
61.01 OUTPATIENT CLINICS		9513829			20730		61.01
61.02 CARDIAC REHAB		1093170					61.02
62 OBSERVATION BEDS (NON-DISTINC		6044787					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		876331433			14079887		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5826)	[]	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					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5826)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59104	4631				12700	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59104	4631				12700	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59104	4631				12700	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)	30227	1756				10243	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) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5826)	
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	54695311	3972722				6356512	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	54695311	3972722				6356512	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.573495	.647585				.684944	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1613.63	1324.70				730.74	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	54695311	3972722				6356512	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) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	925.41	857.85				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27972368	1506385				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27972368	1506385				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	9854363	5313	1854.76	2869	5321306	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) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	42589149	202181				48
49 TOTAL PROGRAM INPATIENT COSTS	75882823	1708566				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1840663	88906				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2464947	8816				51
52 TOTAL PROGRAM EXCLUDABLE COST	4305610	97722				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	71577213	1610844				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) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5826)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	6356512	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	500.51	67
68 PROGRAM ROUTINE SERVICE COST	5126724	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	5126724	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	366955	71
72 PER DIEM CAPITAL RELATED COSTS	28.89	72
73 PROGRAM CAPITAL RELATED COSTS	295920	73
74 INPATIENT ROUTINE SERVICE COST	4830804	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4830804	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	5126724	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	3277726	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	8404450	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)			
(14-0200)	(14-S200)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4419	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	925.41	84
85 OBSERVATION BED COST	4089387	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		54695311		4089387		86
87 NEW CAPITAL-RELATED COST	3018679	54695311	.055191	4089387	225697	87
88 NON PHYSICIAN ANESTHETIST		54695311		4089387		88
89 MEDICAL EDUCATION		54695311		4089387		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0200) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		68657245		25
26 INTENSIVE CARE UNIT		11993263		26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.307560	31446673	9671739	37
40 ANESTHESIOLOGY	.038377	8078392	310024	40
41 RADIOLOGY-DIAGNOSTIC	.116760	20229605	2362009	41
42 RADIOLOGY-THERAPEUTIC	.269942	694425	187454	42
43 RADIOISOTOPE	.219416	2803449	615122	43
44 LABORATORY	.201222	29099430	5855446	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.140273	16080381	2255643	49
49.01 SLEEP LAB	.375409			49.01
50 PHYSICAL THERAPY	.351055	2986515	1048431	50
51 OCCUPATIONAL THERAPY	.329634	952168	313867	51
52 SPEECH PATHOLOGY	.351803	733633	258094	52
53 ELECTROCARDIOLOGY	.268812	946303	254378	53
53.01 CATH LAB	.192109	29024406	5575850	53.01
56 DRUGS CHARGED TO PATIENTS	.149315	68856657	10281332	56
57 RENAL DIALYSIS	.636081	1167243	742461	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.209137	363267	439240	60
61 EMERGENCY	.274162	8250664	2262019	61
61.01 OUTPATIENT CLINICS	.917482	128544	117937	61.01
61.02 CARDIAC REHAB	1.099644	34650	38103	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.676515			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		221876405	42589149	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		221876405		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		3913415		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.307560			37
40 ANESTHESIOLOGY	.038377			40
41 RADIOLOGY-DIAGNOSTIC	.116760	41720	4871	41
42 RADIOLOGY-THERAPEUTIC	.269942			42
43 RADIOISOTOPE	.219416			43
44 LABORATORY	.201222	252098	50728	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.140273	23984	3364	49
49.01 SLEEP LAB	.375409			49.01
50 PHYSICAL THERAPY	.351055	18367	6448	50
51 OCCUPATIONAL THERAPY	.329634	3786	1248	51
52 SPEECH PATHOLOGY	.351803			52
53 ELECTROCARDIOLOGY	.268812	9576	2574	53
53.01 CATH LAB	.192109			53.01
56 DRUGS CHARGED TO PATIENTS	.149315	683944	102123	56
57 RENAL DIALYSIS	.636081			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.209137			60
61 EMERGENCY	.274162	87026	23859	61
61.01 OUTPATIENT CLINICS	.917482	7592	6966	61.01
61.02 CARDIAC REHAB	1.099644			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.676515			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1128093	202181	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1128093		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5826)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.306604	14342	4397	37
40 ANESTHESIOLOGY	.038377	1220	47	40
41 RADIOLOGY-DIAGNOSTIC	.116760	196847	22984	41
42 RADIOLOGY-THERAPEUTIC	.269832			42
43 RADIOISOTOPE	.219416	10814	2373	43
44 LABORATORY	.199941	1630609	326026	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.139087	1182216	164431	49
49.01 SLEEP LAB	.375409			49.01
50 PHYSICAL THERAPY	.351055	3283156	1152568	50
51 OCCUPATIONAL THERAPY	.329634	1889772	622933	51
52 SPEECH PATHOLOGY	.351803	422034	148473	52
53 ELECTROCARDIOLOGY	.268812	34204	9194	53
53.01 CATH LAB	.192109			53.01
56 DRUGS CHARGED TO PATIENTS	.149315	5393943	805397	56
57 RENAL DIALYSIS	.636081			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.209137			60
61 EMERGENCY	.270369			61
61.01 OUTPATIENT CLINICS	.911890	20730	18903	61.01
61.02 CARDIAC REHAB	1.099644			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.676515			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		14079887	3277726	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		14079887		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12405138					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12405138					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	24810277					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	3673157					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	273.56					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	53293710					6
7						7
7.01						7.01
8	53293710					8
9	4349965					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	57643675					16
17	19501					17
18	57624174					18
19	4649548					19
20	191149					20
21	428890					21
21.01	300223					21.01
21.02	425819					21.02
22	53083700					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	53083700					26
27						27
28	52749241					28
28.01						28.01
29	334459					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200) 1	HOSPITAL (14-0200) 1.01	HOSPITAL (14-0200) 1.02	
1 MEDICAL AND OTHER SERVICES	4147			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	21665149			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18863730			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.791			1.03
1.04 LINE 1.01 TIMES LINE 1.03	17137133			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	4147			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	27775			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	27775			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	27775			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	23628			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	4147			17
17.01 TOTAL PPS PAYMENTS	18863730			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200) 1	HOSPITAL (14-0200) 1.01	HOSPITAL (14-0200) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4647466		18.01
19 SUBTOTAL	14220411		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	14220411		23
24 PRIMARY PAYER PAYMENTS	2053		24
25 SUBTOTAL	14218358		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	537894		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	376526		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	454199		27.02
28 SUBTOTAL	14594884		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-337		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	14595221		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14216378		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	378843		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 I (14-S200)	SUB I (14-S200)	SUB I (14-S200)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S200)	SUB I (14-S200)	SUB I (14-S200)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5826)	SNF (14-5826)	SNF (14-5826)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5826)	SNF (14-5826)	SNF (14-5826)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0200) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0200)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0200)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0200)

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		52749241		14216378	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		52749241		14216378	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	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 PROVIDER .01 PROVIDER TO .02 PROGRAM	334459		378843	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		53083700		14595221	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
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 SUB III SUB IV
 (14-S200)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1314870				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	50458				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.687671				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1365328				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1365328				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1365328				4
5	PRIMARY PAYER PAYMENTS	561				5
6	SUBTOTAL	1364767				6
7	DEDUCTIBLES	95120				7
8	SUBTOTAL	1269647				8
9	COINSURANCE	28451				9
10	SUBTOTAL	1241196				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	80253				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	56177				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	80253				11.02
12	SUBTOTAL	1297373				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S200)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	LOSS ON SALE OF ASSETS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1297373				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1241196				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	56177				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5826) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
COMPUTATION OF LESSER OF COST OR CHARGES			
10			10
11			11
12			12
13			13
14			14
15			15
16			16
CUSTOMARY CHARGES			
17			17
18			18
19			19
20			20
21			21
22			22
23			23
PROSPECTIVE PAYMENT AMOUNT			
24		4904816	24
25			25
26			26
27			27
28			28
29			29
30		4904816	30
31			31
32		4904816	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5826) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	4904816	35
36	COINSURANCE	277704	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	1347	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1347	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	1347	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	4628459	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	4628459	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4628459	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	4627112	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	1347	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS					1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	39429282				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	4243983				7
8 PREPAID EXPENSES	5449054				8
9 OTHER CURRENT ASSETS	640000				9
10 DUE FROM OTHER FUNDS	1915172				10
11 TOTAL CURRENT ASSETS	51677491				11
FIXED ASSETS					
12 LAND	3511314				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	8136471				13
13.01 ACCUMULATED DEPRECIATION	-3605442				13.01
14 BUILDINGS	94316821				14
14.01 ACCUMULATED DEPRECIATION	-65814319				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	81941020				16
16.01 ACCUMULATED DEPRECIATION	-59928431				16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	130402991				18
18.01 ACCUMULATED DEPRECIATION	-105238669				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	83721756				21
OTHER ASSETS					
22 INVESTMENTS	3370135				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	154795347				25
26 TOTAL OTHER ASSETS	158165482				26
27 TOTAL ASSETS	293564729				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	25673933				28
29 SALARIES, WAGES & FEES PAYABLE	15895523				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	44255095				35
36 TOTAL CURRENT LIABILITIES	85824551				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE	21749921				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	16055756				41
42 TOTAL LONG TERM LIABILITIES	37805677				42
43 TOTAL LIABILITIES	123630228				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	169934501				44
45 SPECIFIC PURPOSE FUND BALANCE					45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 PLANT FUND BALANCE - INVESTED IN PLANT					49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51 TOTAL FUND BALANCES	169934501				51
52 TOTAL LIABILITIES AND FUND BALANCES	293564729				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	190708186			1
2 NET INCOME (LOSS)	20125026			2
3 TOTAL	210833212			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	210833212			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 PENSION PLAN ADJUSTMENTS	40898711			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	40898711			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	169934501			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	143623551		143623551	2
4 SUBPROVIDER I	10347413		10347413	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	14251573		14251573	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	168222537		168222537	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	19579860		19579860	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	19579860		19579860	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	187802397		187802397	18
18.50 ANCILLARY SERVICES	408427707		860535154	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		9776557	9776557	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
PHYSICIAN PART B REVENUE				
TOTAL PATIENT REVENUES	596230104	461884004	1058114108	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		298023251	27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		298023251	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1058114108	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	752366609	2
3	NET PATIENT REVENUES	305747499	3
4	LESS - TOTAL OPERATING EXPENSES	298023251	4
5	NET INCOME FROM SERVICE TO PATIENTS	7724248	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	214118	6
7	INCOME FROM INVESTMENTS	946180	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	35006	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1044991	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	99229	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	2174	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION CLASSES	495806	24
24.01	ANSWERING SERVICE	450372	24.01
24.02	LINEN REVENUE	833860	24.02
24.03	DIETARY PATIENT SERVICES REVENUE	520766	24.03
24.04	POB RENTAL INCOME	3649441	24.04
24.05	HHA OTHER INCOME	310232	24.05
24.06	OTHER MISCELLANEOUS REVENUE	557833	24.06
24.07	CLINIC OTHER REVENUE	2085659	24.07
24.08	GAIN ON DISPOSAL OF ASSETS	263223	24.08
24.09	FOUNDATION MANAGEMENT REVENUE	428727	24.09
24.10	GRANT INCOME	201905	24.10
24.11	FOUNDATION SALARY REIMBURSEMENT		24.11
24.12	BIRTHING CENTER OTHER REVENUE		24.12
24.13	EMERGENCY OTHER REVENUE	252256	24.13
25	TOTAL OTHER INCOME	12400778	25
26	TOTAL	20125026	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	20125026	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	1102088	198376			950989	2251453 5
6 SKILLED NURSING CARE	1079906	194383	41866		190735	1506890 6
7 PHYSICAL THERAPY	661918	119145	34354	15966		831383 7
8 OCCUPATIONAL THERAPY	37851	6813	1965	913		47542 8
9 SPEECH PATHOLOGY	2566	462	133	62		3223 9
10 MEDICAL SOCIAL SERVICES	10745	1934	558	259		13496 10
11 HOME HEALTH AIDE	29437	5299	3341			38077 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	405331	72960			485639	963930 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	75275	13549				88824 23
23.50 TELEMEDICINE						23.50
24 TOTAL	3405117	612921	82217	17200	1627363	5744818 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-1081841	1169612	-349364	820248	5
6		1506890		1506890	6
7		831383		831383	7
8		47542		47542	8
9		3223		3223	9
10		13496		13496	10
11		38077		38077	11
12					12
13					13
13.20					13.20
14		963930		963930	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23		88824		88824	23
23.50					23.50
24	-1081841	4662977	-349364	4313613	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7408

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	820248					820248	820248	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1506890					1506890	353819	1860709 6
7 PHYSICAL THERAPY	831383					831383	195210	1026593 7
8 OCCUPATIONAL THERAPY	47542					47542	11163	58705 8
9 SPEECH PATHOLOGY	3223					3223	757	3980 9
10 MEDICAL SOCIAL SERVICES	13496					13496	3169	16665 10
11 HOME HEALTH AIDE	38077					38077	8941	47018 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME	963930					963930	226333	1190263 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	88824					88824	20856	109680 23
23.50 TELEMEDICINE								23.50
24 TOTAL	4313613					4313613		4313613 24

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:20

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

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					-820248	3493365	5
6 SKILLED NURSING CARE						1506890	6
7 PHYSICAL THERAPY						831383	7
8 OCCUPATIONAL THERAPY						47542	8
9 SPEECH PATHOLOGY						3223	9
10 MEDICAL SOCIAL SERVICES						13496	10
11 HOME HEALTH AIDE						38077	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						963930	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						88824	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-820248	3493365	24
25 COST TO BE ALLOC (PER W/S H)						820248	25
26 UNIT COST MULTIPLIER						.234802	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		1086904		1086904			1
2 SKILLED NURSING CARE		2796859		2796859	469113	3265972	2
3 PHYSICAL THERAPY		1582370		1582370	265408	1847778	3
4 OCCUPATIONAL THERAPY		92215		92215	15467	107682	4
5 SPEECH PATHOLOGY		5931		5931	995	6926	5
6 MEDICAL SOCIAL SERVICES		31812		31812	5336	37148	6
7 HOME HEALTH AIDE		74424		74424	12483	86907	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME		1716438		1716438	287895	2004333	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		180098		180098	30207	210305	19
19.50 TELEMEDICINE							19.50
20 TOTALS		7567051		7567051	1086904	7567051	20
21 UNIT COST MULTIPLIER					.167728		21

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	3265972		3265972	12742	256.32	1
2	PHYSICAL THERAPY	3	1847778		1847778	13675	135.12	2
3	OCCUPATIONAL THERAPY	4	107682		107682	782	137.70	3
4	SPEECH PATHOLOGY	5	6926		6926	53	130.68	4
5	MEDICAL SOCIAL SERV	6	37148		37148	222	167.33	5
6	HOME HEALTH AIDE SERV	7	86907		86907	1017	85.45	6
7	TOTAL		5352413		5352413	28491		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	1600					8
9	PHYSICAL THERAPY	1600					9
10	OCCUPATIONAL THERAPY	1600					10
11	SPEECH PATHOLOGY	1600					11
12	MEDICAL SOCIAL SERV	1600					12
13	HOME HEALTH AIDE SERV	1600					13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9		2352	2352			16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	1600		17
18	PER BENEFICIARY COST LIMITATION	1600		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.351055			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.329634			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.351803			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55				COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.149315	15750	2352	COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	135.12	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY 3	137.70						2
3	SPEECH PATHOLOGY 4	130.68						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7408

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	4052831	1202807		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	4052831	1202807		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	4052831	1202807		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	4256315	1343865	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	14415	4281	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	46375	26213	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	45912	10905	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	5239		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	4368256	1385264	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	4368256	1385264	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	4368256	1385264	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	4368256	1385264	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	4368256	1385264	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	4368256	1385264	24
25 TOTAL INTERIM PAYMENTS	4368256	1385264	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.: 14-7408

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		4368256		1385264
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		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		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4368256		1385264
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		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	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		4368256		1385264

NAME OF INTERMEDIARY: ADMINASTAR FEDERAL

INTERMEDIARY NUMBER: 00131

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	292269				289303	581572
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE					149774	149774
8 INPATIENT - RESPITE CARE					106525	106525
VISITING SERVICES						
9 PHYSICIAN SERVICES					2122	2122
10 NURSING CARE	180066		7869			187935
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	63020		4614			67634
15 SPIRITUAL COUNSELING						15
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	50194		3675			53869
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					104241	104241
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					78664	78664
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					19811	19811
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS			1328			1328
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	585549		17486		750440	1353475

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL	228274	809846	-2725	807121	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE		149774		149774	7
8 INPATIENT - RESPITE CARE		106525		106525	8
VISITING SERVICES					
9 PHYSICIAN SERVICES		2122		2122	9
10 NURSING CARE		187935		187935	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		67634		67634	14
15 SPIRITUAL COUNSELING					15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		53869		53869	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		104241		104241	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		78664		78664	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		19811		19811	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS		1328		1328	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	228274	1581749	-2725	1579024	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		82630						209639	292269
7									7
8									8
9									9
10					180066				180066
10.20									10.20
11									11
12									12
13									13
14			63020						63020
15									15
16									16
17									17
18							50194		50194
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
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		82630	63020		180066		50194	209639	585549

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1577 WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1577

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
GENERAL SERVICE COST CENTER									
1									1
2									2
3									3
4									4
5									5
6	807121						807121	807121	6
INPATIENT CARE SERVICE									
7	149774						149774	156607	306381
8	106525						106525	111385	217910
VISITING SERVICES									
9	2122						2122	2219	4341
10	187935						187935	196509	384444
10.20									10.20
NURSING CARE-CONTINUOUS HOME									
11									11
12									12
13									13
14	67634						67634	70720	138354
15									15
16									16
17									17
18	53869						53869	56327	110196
18.20									18.20
19									19
OTHER									
OTHER HOSPICE SERVICE COSTS									
20	104241						104241	108997	213238
20.30									20.30
20.31									20.31
20.32									20.32
21	78664						78664	82253	160917
22									22
23									23
24									24
25	19811						19811	20715	40526
26									26
27									27
28									28
29									29
HOSPICE NONREIMBURSABLE SERV.									
30									30
31	1328						1328	1389	2717
32									32
33									33
34	1579024						1579024		1579024

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		243287		243287			1
2 INPATIENT - GENERAL CARE		397726		397726	43745	441471	2
3 INPATIENT - RESPITE CARE		282878		282878	31113	313991	3
4 PHYSICIAN SERVICES		5635		5635	620	6255	4
5 NURSING CARE		592801		592801	65203	658004	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		212408		212408	23363	235771	9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		169179		169179	18608	187787	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		276813		276813	30446	307259	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		208893		208893	22976	231869	16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		52609		52609	5786	58395	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS		12970		12970	1427	14397	26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		2455199		2455199		2455199	29
30 UNIT COST MULTIPLIER					.109989		30

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:20

APPORIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.351055		1
2	OCCUPATIONAL THERAPY	51	0.329634		2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.351803		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.149315		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.199941		6
7	MEDICAL SUPPLIES	55			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.270369		8
8.01	OUTPATIENT CLINICS	61.01	0.911890		8.01
8.02	CARDIAC REHAB	61.02	1.099644		8.02
9	RADIATION THERAPY	41	0.116760		9
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS				11

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:20

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				2455199	1
2 TOTAL UNDUPLICATED DAYS				16048	2
3 AGGREGATE COST PER DIEM				152.99	3
4 UNDUPLICATED MEDICARE DAYS	15278				4
5 AGGREGATE MEDICARE COST	2337381				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			770		12
13 AGGREGATE COST FOR OTHER DAYS			117802		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0200)	HOSPITAL (14-0200)	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	4134191				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
4	128129				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0176		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.0860		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.1036		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0212		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			87645		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4349965				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 MEALS ON WHEELS					98.01
98.02 GUEST MEALS					98.02
00 OTHER NONREIMBURSABLE					00

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
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	51.14		7.68				58.82 25
26 INTENSIVE CARE UNIT	54.00		5.55				59.55 26
33 NURSERY			22.04				22.04 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.42	9.67					34.09 37
40 ANESTHESIOLOGY	27.12	10.66					37.78 40
41 RADIOLOGY-DIAGNOSTIC	12.83	18.22					31.05 41
42 RADIOLOGY-THERAPEUTIC	3.46	43.05					46.51 42
43 RADIOISOTOPE	17.72	23.55					41.27 43
44 LABORATORY	23.95	3.36					27.31 44
49 RESPIRATORY THERAPY	58.66	2.54					61.20 49
49.01 SLEEP LAB		21.26					21.26 49.01
50 PHYSICAL THERAPY	15.19						15.19 50
51 OCCUPATIONAL THERAPY	19.54						19.54 51
52 SPEECH PATHOLOGY	45.99						45.99 52
53 ELECTROCARDIOLOGY	12.31	40.02					52.33 53
53.01 CATH LAB	41.48	15.26					56.74 53.01
56 DRUGS CHARGED TO PATIENTS	33.40	12.64					46.04 56
57 RENAL DIALYSIS	77.27	1.10					78.37 57
60 CLINIC	41.44	8.08					49.52 60
61 EMERGENCY	19.11	10.06					29.17 61
61.01 OUTPATIENT CLINICS	1.35	8.91					10.26 61.01
61.02 CARDIAC REHAB	3.17	37.72					40.89 61.02
62 OBSERVATION BEDS (NON-DISTINCT)		19.34					19.34 62
101 TOTAL CHARGES	20.97	10.29					31.26 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	37.92		23.75				61.67 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03		0.02				0.05 41
44 LABORATORY	0.21		0.12				0.33 44
49 RESPIRATORY THERAPY	0.09		0.03				0.12 49
50 PHYSICAL THERAPY	0.09		0.01				0.10 50
51 OCCUPATIONAL THERAPY	0.08						0.08 51
52 SPEECH PATHOLOGY			0.04				0.04 52
53 ELECTROCARDIOLOGY	0.12		0.05				0.17 53
56 DRUGS CHARGED TO PATIENTS	0.33		0.09				0.42 56
61 EMERGENCY	0.20		0.15				0.35 61
61.01 OUTPATIENT CLINICS	0.08						0.08 61.01
101 TOTAL CHARGES	0.11		0.04				0.15 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	80.65						80.65	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.01						0.01	37
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12	41
43 RADIOISOTOPE	0.07						0.07	43
44 LABORATORY	1.34						1.34	44
49 RESPIRATORY THERAPY	4.31						4.31	49
50 PHYSICAL THERAPY	16.70						16.70	50
51 OCCUPATIONAL THERAPY	38.79						38.79	51
52 SPEECH PATHOLOGY	26.45						26.45	52
53 ELECTROCARDIOLOGY	0.45						0.45	53
56 DRUGS CHARGED TO PATIENTS	2.62						2.62	56
61.01 OUTPATIENT CLINICS	0.22						0.22	61.01
101 TOTAL CHARGES	1.33						1.33	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	6173183	2.30	-6173183	-4.97		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	8611951	3.20	-8611951	-6.93		4	
5	EMPLOYEE BENEFITS	28441679	10.58	-28441679	-22.89		5	
6	ADMINISTRATIVE & GENERAL	52326447	19.47	-52326447	-42.11		6	
7	MAINTENANCE & REPAIRS						7	
8	OPERATION OF PLANT	11468229	4.27	-11468229	-9.23		8	
9	LAUNDRY & LINEN SERVICE	2026744	.75	-2026744	-1.63		9	
10	HOUSEKEEPING	3432197	1.28	-3432197	-2.76		10	
11	DIETARY	1388309	.52	-1388309	-1.12		11	
12	CAFETERIA	1113513	.41	-1113513	-.90		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	2435157	.91	-2435157	-1.96		14	
15	CENTRAL SERVICES & SUPPLY						15	
16	PHARMACY	4590737	1.71	-4590737	-3.69		16	
17	MEDICAL RECORDS & LIBRARY	2264940	.84	-2264940	-1.82		17	
18	SOCIAL SERVICE						18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	25458282	9.47	29237029	23.53	54695311	20.35	25
26	INTENSIVE CARE UNIT	4792298	1.78	5014349	4.03	9806647	3.65	26
27	CORONARY CARE UNIT							27
31	SUBPROVIDER I	1696202	.63	2241346	1.80	3937548	1.47	31
33	NURSERY	942048	.35	1088984	.88	2031032	.76	33
34	SKILLED NURSING FACILITY	2732718	1.02	3613798	2.91	6346516	2.36	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	22988187	8.55	16493279	13.27	39481466	14.69	37
40	ANESTHESIOLOGY	510509	.19	632721	.51	1143230	.43	40
41	RADIOLOGY-DIAGNOSTIC	8475878	3.15	9928581	7.99	18404459	6.85	41
42	RADIOLOGY-THERAPEUTIC	3081245	1.15	2339163	1.88	5420408	2.02	42
43	RADIOISOTOPE	1384432	.52	2086847	1.68	3471279	1.29	43
44	LABORATORY	14722388	5.48	9566297	7.70	24288685	9.04	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2204661	.82	1608255	1.29	3812916	1.42	49
49.01	SLEEP LAB	545829	.20	654458	.53	1200287	.45	49.01
50	PHYSICAL THERAPY	3903583	1.45	2999666	2.41	6903249	2.57	50
51	OCCUPATIONAL THERAPY	960089	.36	646025	.52	1606114	.60	51
52	SPEECH PATHOLOGY	317382	.12	243862	.20	561244	.21	52
53	ELECTROCARDIOLOGY	1033402	.38	1032500	.83	2065902	.77	53
53.01	CATH LAB	9024291	3.36	4418056	3.56	13442347	5.00	53.01
56	DRUGS CHARGED TO PATIENTS	18105905	6.74	12674257	10.20	30780162	11.45	56

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
57 RENAL DIALYSIS	469759	.17	491082	.40	960841	.36	57
60 CLINIC	546698	.20	513344	.41	1060042	.39	60
61 EMERGENCY	6006895	2.24	5666138	4.56	11673033	4.34	61
61.01 OUTPATIENT CLINICS	4315230	1.61	4360334	3.51	8675564	3.23	61.01
61.02 CARDIAC REHAB	568084	.21	634014	.51	1202098	.45	61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	4313613	1.61	3253438	2.62	7567051	2.82	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
93 HOSPICE	1579024	.59	876175	.71	2455199	.91	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	190309	.07	279240	.22	469549	.17	96
98 PHYSICIANS' PRIVATE OFFICES	3552776	1.32	1672221	1.35	5224997	1.94	98
98.01 MEALS ON WHEELS							98.01
98.02 GUEST MEALS	16843	.01	7627	.01	24470	.01	98.02
100 OTHER NONREIMBURSABLE							100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	268711646	100.00	0	.00	268711646	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	2874513	128770068	.022323	31446673	701984	37
40 ANESTHESIOLOGY	185722	29789359	.006235	8078392	50369	40
41 RADIOLOGY-DIAGNOSTIC	2489703	157627045	.015795	20229605	319527	41
42 RADIOLOGY-THERAPEUTIC	293266	20088120	.014599	694425	10138	42
43 RADIOISOTOPE	335215	15820562	.021189	2803449	59402	43
44 LABORATORY	1766679	121479018	.014543	29099430	423193	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	212611	27413905	.007756	16080381	124719	49
49.01 SLEEP LAB	93176	3197275	.029142			49.01
50 PHYSICAL THERAPY	222116	19664286	.011295	2986515	33733	50
51 OCCUPATIONAL THERAPY	51957	4872415	.010664	952168	10154	51
52 SPEECH PATHOLOGY	22350	1595337	.014010	733633	10278	52
53 ELECTROCARDIOLOGY	200451	7685298	.026082	946303	24681	53
53.01 CATH LAB	661209	69972499	.009450	29024406	274281	53.01
56 DRUGS CHARGED TO PATIENTS	635557	206142771	.003083	68856657	212285	56
57 RENAL DIALYSIS	80176	1510564	.053077	1167243	61954	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	53226	876693	.060712	363267	22055	60
61 EMERGENCY	605013	43174432	.014013	8250664	115617	61
61.01 OUTPATIENT CLINICS	602099	9513829	.063287	128544	8135	61.01
61.02 CARDIAC REHAB	77056	1093170	.070489	34650	2442	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	225697	6044787	.037337			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11687792	876331433		221876405	2464947	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3018679		3018679	59104	51.07	30227	1543693 25
26 INTENSIVE CARE UNIT	549941		549941	5313	103.51	2869	296970 26
27 CORONARY CARE UNIT							27
101 TOTAL	3568620		3568620			33096	1840663 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1840663

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2464947

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4305610

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	71577213
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	302526913
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.237

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1708566
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5041508
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.339

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)	4305610
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.014

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	21654607
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)	108811889
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.199