

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

WORKSHEET S  
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY EDWARD HOSPITAL (14-0231) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	133036	220120	7693171	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	133036	220120	7693171	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 801 SOUTH WASHINGTON  
 1.01 CITY: NAPERVILLE

STATE: IL

P.O.BOX:

ZIP CODE: 60566-7060 COUNTY: DUPAGE

1  
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL			N	P	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA	HOSPITAL AT HOME	14-7568	06/22/1994	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2008	TO: 06/30/2009	1	2		17
18	TYPE OF CONTROL			2			18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1			19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N 16974	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. 15-1, 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. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H131	40
40.01	NAME: EDWARD HEALTH SERVICES CORP FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 00131			40.01
40.02	STREET: 801 SOUTH WASHINGTON STREET		P.O.BOX:	40.02
40.03	CITY: NAPERVILLE		STATE: IL ZIP CODE: 60540	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE 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: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
			CBSA 4
			FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	10/31/2009 63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7167	986	19419	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	NEONATAL INTENSIVE CARE UNIT					10
11	NURSERY					11
12	TOTAL HOSPITAL		7167	986	19419	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	138229559		138229559	4308204.00	32.09		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1268565		1268565	4959.00	255.81		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	10297889		10297889	55207.00	186.53		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	305225		305225	13489.00	22.63		7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5434092	423752	5857844	141314.00	41.45		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	6170288		6170288	141314.00	43.66		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							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	25649663		25649663	532325.00	48.18	HOME OFFICE WP	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	26495895		26495895			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1112840		1112840			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	60459		60459			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	247846		247846			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	499227		499227	8839.00	56.48		21
22	ADMINISTRATIVE & GENERAL	15915459	-496375	15419084	499114.00	30.89		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	297120		297120	1664.00	178.56		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	46156		46156	3197.00	14.44		25
26	HOUSEKEEPING	2600536		2600536	193978.00	13.41		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT	2921125		2921125	151428.00	19.29		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	3627164		3627164	94507.00	38.38		30
31	CENTRAL SERVICES AND SUPPLY	1779979		1779979	101273.00	17.58		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2949725	4316	2954041	146573.00	20.15		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	130844690		130844690	4392600.00	29.79	1
2	EXCLUDED AREA SALARIES	5434092	423752	5857844	141314.00	41.45	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	125410598	-423752	124986846	4251286.00	29.40	3
4	SUBTOTAL OTHER WAGES & REL COSTS	31819951		31819951	673639.00	47.24	4
5	SUBTOTAL WAGE-RELATED COSTS	26556354		26556354		21.25%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	183786903	-423752	183363151	4924925.00	37.23	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	30636491	-492059	30144432	1200573.00	25.11	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6141		764	6905	1
2 UNDUPLICATED CENSUS COUNT		734.00		361.00	1095.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		8.30	8.30	5
6 DIRECT NURSING SERVICE		11.20	11.20	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.70	2.70	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.20	1.20	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		1.20	1.20	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		4.00	4.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	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)			16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	EPISODES 6		
21 SKILLED NURSING VISITS	4830	133	39	277			5279	21
22 SKILLED NURSING VISIT CHARGES	1033025	28525	8370	58928			1128848	22
23 PHYSICAL THERAPY VISITS	3737		4	208			3949	23
24 PHYSICAL THERAPY VISIT CHARGES	797956		856	44313			843125	24
25 OCCUPATIONAL THERAPY VISITS	671		1	43			715	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	143241		214	9165			152620	26
27 SPEECH PATHOLOGY VISITS	118			7			125	27
28 SPEECH PATHOLOGY VISIT CHARGES	25201			1498			26699	28
29 MEDICAL SOCIAL SERVICE VISITS	75	1		11			87	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	20404	273		2998			23675	30
31 HOME HEALTH AIDE VISITS	238			37			275	31
32 HOME HEALTH AIDE VISIT CHARGES	23750			3689			27439	32
33 TOTAL VISITS	9669	134	44	583			10430	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	2043577	28798	9440	120591			2202406	35
36 TOTAL NUMBER OF EPISODES	784			56			840	36
37 TOTAL NUMBER OF OUTLIER EPISODES								37
38 TOTAL MEDICAL SUPPLY CHARGES	20194	654	351	636			21835	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	16521877	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	16521877	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.276109	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	66358398	28
29	TOTAL GROSS MEDICAID COST	18322151	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	43037904	30
31	UNCOMPENSATED CARE COST	11883153	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18322151	32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.40	6940								69.40
71	7100	1841042	347496	2188538		2188538		2188538	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		134636509	289113436	423749945		423749945	-53199041	370550904	95
NONREIMBURSABLE COST CENTERS									
96	9600	162454	225452	387906		387906		387906	96
97	9700		2932	2932		2932		2932	97
98	9800	2848342	1120881	3969223		3969223	-1158542	2810681	98
98.01	9801	499854	254742	754596		754596		754596	98.01
98.03	9802		159917	159917		159917		159917	98.03
98.04	9803	82400	8389	90789		90789		90789	98.04
100	7950								100
101		138229559	290885749	429115308		429115308	-54357583	374757725	101
TOTAL									

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3			13086653 1
2						2
3 DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			18268198 3
4	B	NEW CAP REL COSTS-MVBLE EQUIP	4			16690840 4
5						5
6 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	6			2523582 6
7						7
8 SHARED DIETARY	D	CAFETERIA	12			2119300 8
9						9
10 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55			3571978 10
11						11
12 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	56			8521387 12
13						13
14 PATIENT TRANSPORT	G	MEDICAL RECORDS & LIBRARY	17	4316		570 14
15	G	ADULTS & PEDIATRICS	25	45792		6046 15
16	G	INTENSIVE CARE UNIT	26	1157		153 16
17	G	CORONARY CARE UNIT	27	694		92 17
18	G	OPERATING ROOM	37	17474		2307 18
19	G	ENDOSCOPY	37.02	14722		1944 19
20	G	RECOVERY ROOM	38	38755		5117 20
21	G	RADIOLOGY-DIAGNOSTIC	41	117272		15483 21
22	G	ULTRASOUND	41.01	85937		11346 22
23	G	NUCLEAR MEDICINE	41.02	70543		9314 23
24	G	CT SCAN	41.03	36542		4825 24
25	G	RADIOLOGY-THERAPEUTIC	42	16379		2162 25
26	G	LABORATORY	44	602		80 26
27	G	RESPIRATORY THERAPY	49	1290		170 27
28	G	ELECTROCARDIOLOGY	53	2197		290 28
29	G	CARDIAC CATH LAB	53.05	2095		277 29
30	G	EMERGENCY	61	40608		5361 30
31						31
32 RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	41.01	94171		100323 32
33	H	NUCLEAR MEDICINE	41.02	53994		57521 33
34	H	CT SCAN	41.03	316387		337055 34
35	H	MRI	41.04	81409		86727 35
36 SUBTOTAL				1042336		65429101 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 INTEREST	A	ADMINISTRATIVE & GENERAL	6		13086653	11 1
2						2
3 DEPRECIATION EXPENSE	B					9 3
4	B	ADMINISTRATIVE & GENERAL	6		34959038	9 4
5						5
6 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS	5		2523582	6
7						7
8 SHARED DIETARY	D	DIETARY	11		2119300	8
9						9
10 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		3571978	10
11						11
12 CHARGEABLE DRUGS	F	PHARMACY	16		8521387	12
13						13
14 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	6	496375	65537	14
15	G					15
16	G					16
17	G					17
18	G					18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26	G					26
27	G					27
28	G					28
29	G					29
30	G					30
31						31
32 RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	41	842922	897986	32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				1339297	65745461	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1	H	SPECIAL PROCEDURES	41.06	54538	58101	1
2	H	IMAGING CENTER	41.07	242423	258259	2
3						3
4						4
5 NURSERY RECLASS	J	NURSERY	33	1616310	202136	5
6						6
7						7
8 EMT RECLASS	L	PARAMED ED PRGM-EMS	24	423752	132785	8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				3379359	66080382	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	H				1	
2	H				2	
3					3	
4					4	
5 NURSERY RECLASS	J	ADULTS & PEDIATRICS	25	1616310	5	
6					6	
7					7	
8 EMT RECLASS	L	EMERGENCY	61	423752	8	
9					9	
10					10	
11					11	
12					12	
13					13	
14					14	
15					15	
16					16	
17					17	
18					18	
19					19	
20					20	
21					21	
22					22	
23					23	
24					24	
25					25	
26					26	
27					27	
28					28	
29					29	
30					30	
31					31	
32					32	
33					33	
34					34	
35					35	
36 TOTAL RECLASSIFICATIONS				3379359	66080382	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	150004					150004		1
2 LAND IMPROVEMENTS	9261752	254362		254362	286290	9229824		2
3 BUILDINGS AND FIXTURES	193891052	12965590		12965590	10154754	196701888		3
4 BUILDING IMPROVEMENTS	124556913	12252821		12252821	597506	136212228		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	152365814	14444959		14444959	4001247	162809526		6
7 SUBTOTAL	480225535	39917732		39917732	15039797	505103470		7
8 RECONCILING ITEMS								8
9 TOTAL	480225535	39917732		39917732	15039797	505103470		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	332914116		332914116	.671572				3
4 NEW CAP REL COSTS-MVBLE EQUIP	162809526		162809526	.328428				4
5 TOTAL	495723642		495723642	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	17385614		-1423955				15961659 3
4 NEW CAP REL COSTS-MVBLE EQUIP	15823760						15823760 4
5 TOTAL	33209374		-1423955				31785419 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	-1102306	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-13229	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-489893	NEW CAP REL COSTS-BLDG & FIXT	3	9 8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-113447	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-17984412			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-8726532			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-372	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-35000	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MISCELLANEOUS / OTHER REVENUE	B	-2952	EMPLOYEE BENEFITS	5	37
37.01 MISCELLANEOUS / OTHER REVENUE	B	-774867	ADMINISTRATIVE & GENERAL	6	37.01
37.02 MISCELLANEOUS / OTHER REVENUE	B	-367032	NURSING ADMINISTRATION	14	37.02
37.03 MISCELLANEOUS / OTHER REVENUE	B	-298	ADULTS & PEDIATRICS	25	37.03
37.04 MISCELLANEOUS / OTHER REVENUE	B	-12993	OPERATING ROOM	37	37.04
37.05 MISCELLANEOUS / OTHER REVENUE	B	-1500	DELIVERY ROOM & LABOR ROOM	39	37.05
37.06 MISCELLANEOUS / OTHER REVENUE	B	-18545	RADIOLOGY-DIAGNOSTIC	41	37.06
37.07 MISCELLANEOUS / OTHER REVENUE	B	-135	NUCLEAR MEDICINE	41.02	37.07
37.08 MISCELLANEOUS / OTHER REVENUE	B	-139020	RADIOLOGY-THERAPEUTIC	42	37.08
37.09 MISCELLANEOUS / OTHER REVENUE	B	-165142	LABORATORY	44	37.09
37.10 MISCELLANEOUS / OTHER REVENUE	B	-36	WHOLE BLOOD & PACKED RED BLOOD	46	37.10
37.11 MISCELLANEOUS / OTHER REVENUE	B	-10830	PHYSICAL THERAPY	50	37.11
37.12 MISCELLANEOUS / OTHER REVENUE	B	-106071	EMERGENCY	61	37.12
37.13 CARDIAC ADMIN RENT	A	-388369	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.13
37.14 CARDIAC ADMIN PLANT / UTILITIES	A	-296716	OPERATION OF PLANT	8	37.14
37.15 CARDIAC ADMIN HOUSEKEEPING	A	-77980	HOUSEKEEPING	10	37.15
37.16 PATIENT TELEVISION	A	-4322	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.16
37.17 PHYSICIAN PRO FEES - BOLINGBROOK	A	-1158542	PHYSICIANS' PRIVATE OFFICES	98	37.17
37.18 PATIENT ACCOUNTS - LOH	A	-253215	ADMINISTRATIVE & GENERAL	6	37.18
37.19 PATIENT ACCOUNTS BENEFITS - LOH	A	-23442	EMPLOYEE BENEFITS	5	37.19
37.20 PATIENT ACCESS - LOH	A	-155107	ADMINISTRATIVE & GENERAL	6	37.20
37.21 PATIENT ACCESS BENEFITS - LOH	A	-25517	EMPLOYEE BENEFITS	5	37.21
37.22 MEDICAL STAFF OFFICES - LOH	A	-28887	ADMINISTRATIVE & GENERAL	6	37.22
37.23 MEDICAL STAFF OFFICES BENEFITS -	A	-2110	EMPLOYEE BENEFITS	5	37.23
37.24 REAL ESTATE TAXES	A	-1438184	ADMINISTRATIVE & GENERAL	6	37.24
37.25 CONTRIBUTION EXPENSE	A	-401504	ADMINISTRATIVE & GENERAL	6	37.25
37.26 PARAMEDICAL EDUCATION - EMT FEES	B	-277400	PARAMED ED PRGM-EMS	24	37.26
37.27 HOUSE STAFF COVERAGE	A	-57791	ADMINISTRATIVE & GENERAL	6	37.27
38 PHYSICIAN LOAN WRITEOFF	A	-246392	ADMINISTRATIVE & GENERAL	6	38
39 PRIOR YEAR DEPRECIATION ADJUSTMEN	A	56160	NEW CAP REL COSTS-BLDG & FIXT	3	11 39

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
40 HOME OFFICE ADJUSTMENT	A	17332	NEW CAP REL COSTS-BLDG & FIXT		3	11 40
41 CAPITALIZED INTEREST EXPENSE	A	86400	ADMINISTRATIVE & GENERAL		6	41
42 CAPITALIZED INTEREST 2000	A	-44897	NEW CAP REL COSTS-BLDG & FIXT		3	11 42
43 CAPITALIZED INTEREST 2001	A	-34377	NEW CAP REL COSTS-BLDG & FIXT		3	11 43
44 CAPITALIZED INTEREST 2002	A	-1629	NEW CAP REL COSTS-BLDG & FIXT		3	11 44
45 CAPITALIZED INTEREST 2003	A	-21561	NEW CAP REL COSTS-BLDG & FIXT		3	11 45
46 DEPRECIATION EXPENSE HOME OFFICE	A	-5102085	NEW CAP REL COSTS-MVBLE EQUIP		4	9 46
47 COST OF VOLUNTEERS	A	-1033506	ADMINISTRATIVE & GENERAL		6	47
48 NON-ALLOWABLE INTEREST EXPENSE	A	-13379330	NEW CAP REL COSTS-BLDG & FIXT		3	11 48
49						49
50 TOTAL		-54357583				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	35858446	53290996	-17432550	1
2	8	OPERATION OF PLANT	HOME OFFICE	4471013		4471013	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4235005		4235005	9 3
4							4
5	TOTALS			44564464	53290996	-8726532	5

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	188342		188342	177200	1	85	4
2	6	ADMINISTRATIVE & GENERAL	663076	57791	605285	177200	1	85	4
3	14	NURSING ADMINISTRATION	2500		2500	177200	1	85	4
4	25	ADULTS & PEDIATRICS	180000	180000					
5	30	NEONATAL INTENSIVE CARE	46875	46875					
6	33	NURSERY	81250	81250					
7	39	DELIVERY ROOM & LABOR RO	600891	600891					
8	42	RADIOLOGY-THERAPEUTIC	51543	51543					
9	44	LABORATORY	389069		389069	215700	1	104	5
10	49	RESPIRATORY THERAPY	111856	111856					
11	53	ELECTROCARDIOLOGY	3225988	3225988					
12	53.03	EMG/NCV	335698	335698					
13	54	ELECTROENCEPHALOGRAPHY	220602	220602					
14	60	CLINIC	28681	28681					
15	60.01	URODYNAMICS	18069	18069					
16	60.02	PLAINFIELD CLINIC	1257797	1257797					
17	60.03	OSWEGO CLINIC	374368	374368					
18	61	EMERGENCY	10630635	9362070	1268565	177200	4959	422469	21123
101		TOTAL	18407240	15953479	2453761		4963	422828	21140

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
	10	11		12	13	14	15	16	17	18
	1	5	EMPLOYEE BENEFITS	AGGREGATE				85	188257	188257
	2	6	ADMINISTRATIVE & GENERAL	AGGREGATE				85	605200	662991
	3	14	NURSING ADMINISTRATION	AGGREGATE				85	2415	2415
	4	25	ADULTS & PEDIATRICS	AGGREGATE						180000
	5	30	NEONATAL INTENSIVE CARE	AGGREGATE						46875
	6	33	NURSERY	AGGREGATE						81250
	7	39	DELIVERY ROOM & LABOR RO	AGGREGATE						600891
	8	42	RADIOLOGY-THERAPEUTIC	AGGREGATE						51543
	9	44	LABORATORY	AGGREGATE				104	388965	388965
	10	49	RESPIRATORY THERAPY	AGGREGATE						111856
	11	53	ELECTROCARDIOLOGY	AGGREGATE						3225988
	12	53.03	EMG/NCV	AGGREGATE						335698
	13	54	ELECTROENCEPHALOGRAPHY	AGGREGATE						220602
	14	60	CLINIC	AGGREGATE						28681
	15	60.01	URODYNAMICS	AGGREGATE						18069
	16	60.02	PLAINFIELD CLINIC	AGGREGATE						1257797
	17	60.03	OSWEGO CLINIC	AGGREGATE						374368
	18	61	EMERGENCY	TRAUMA SERVICES				422469	846096	10208166
	101		TOTAL					422828	2030933	17984412



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	MAINTEN-	OPERATION
	FOR COST	REL COSTS	REL COSTS	BENEFITS		STRATIVE	ANCE AND	OF
	ALLOCATION	BLDG&FIXT	MOV EQUIP			& GENERAL	REPAIRS	PLANT
	0	3	4	5	5A	6	7	8
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	2188538			225053	2413591	784094		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	370550904	15785593	15649214	16397190	369761070	90269868	5888036	11855784
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN	387906	48004	47590	19859	503359	163524	22848	55152
97 RESEARCH	2932				2932	953		97
98 PHYSICIANS' PRIVATE OFFICES	2810681	63954	63402	348187	3286224	1067582	30440	73477
98.01 PHYSICIANS CLINICS	754596	64108	63554	61103	943361	306466	30513	73654
98.03 YORKVILLE PHYSICIAN OFFICES	159917				159917	51952		
98.04 IRB	90789			10073	100862	32767		
100 LINDEN OAKS HOSPITAL								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	374757725	15961659	15823760	16836412	374757725	91893112	5971837	12058067



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY				66445		4360		18977	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2014875	4653300	2553694	3947088	6078204	5480875	8346194	6346623	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		21897		6062					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		29172		64813	98669	9898	8268	2028	98
98.01 PHYSICIANS CLINICS		29243		18651	30216	2666	13925	1663	98.01
98.03 YORKVILLE PHYSICIAN OFFICES									98.03
98.04 IRB				2331					98.04
100 LINDEN OAKS HOSPITAL	77659	773785						301415	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2092534	5507397	2553694	4038945	6207089	5493439	8368387	6651729	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23					23
24					24
	753759				
INPATIENT ROUTINE SERV COST CENTERS					
25	23555	66821442		66821442	25
26	9422	8952077		8952077	26
27		8770097		8770097	27
30		7996785		7996785	30
33		4048863		4048863	33
ANCILLARY SERVICE COST CENTERS					
37	9422	49171590		49171590	37
37.01	9422	7352878		7352878	37.01
37.02		5409882		5409882	37.02
38		2285463		2285463	38
39		12320106		12320106	39
40		2572605		2572605	40
41		10687077		10687077	41
41.01		3004998		3004998	41.01
41.02		2890105		2890105	41.02
41.03		3971934		3971934	41.03
41.04		2270510		2270510	41.04
41.06		2859448		2859448	41.06
41.07		7187968		7187968	41.07
42		37037389		37037389	42
44	9422	14319002		14319002	44
46		4836553		4836553	46
46.30					46.30
49	4711	6303267		6303267	49
50		4043276		4043276	50
51					51
52		670541		670541	52
53		11020844		11020844	53
53.02		572289		572289	53.02
53.03		65994		65994	53.03
53.04		1697895		1697895	53.04
53.05		22272253		22272253	53.05
53.07					53.07
54		2229514		2229514	54
55		5375949		5375949	55
55.30					55.30
56		14436073		14436073	56
OUTPATIENT SERVICE COST CENTERS					
60		1837019		1837019	60
60.01		94895		94895	60.01
60.02		2806164		2806164	60.02
60.03		1318724		1318724	60.03
61	680739	23553379		23553379	61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08  
 11/19/2009 17:28

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		3287467		3287467
SPECIAL PURPOSE COST CENTERS				71
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	746693	366352315		366352315
NONREIMBURSABLE COST CENTERS				95
96 GIFT, FLOWER, COFFEE SHOP & CAN		772842		772842
97 RESEARCH		3885		3885
98 PHYSICIANS' PRIVATE OFFICES		4670571		4670571
98.01 PHYSICIANS CLINICS		1450358		1450358
98.03 YORKVILLE PHYSICIAN OFFICES		211869		211869
98.04 IRB		135960		135960
100 LINDEN OAKS HOSPITAL	7066	1159925		1159925
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	753759	374757725		374757725



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY					4571	90758			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4235005	15785593	15649214	35669812	333061	10448785	260333	4368676	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		48004	47590	95594	403	18928	1010	20323	96
97 RESEARCH						110			97
98 PHYSICIANS' PRIVATE OFFICES		63954	63402	127356	7072	123572	1346	27075	98
98.01 PHYSICIANS CLINICS		64108	63554	127662	1241	35473	1349	27140	98.01
98.03 YORKVILLE PHYSICIAN OFFICES						6013			98.03
98.04 IRB					205	3793			98.04
100 LINDEN OAKS HOSPITAL									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4235005	15961659	15823760	36020424	341982	10636674	264038	4443214	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY				12210		631		722	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	150491	293750	476426	725294	415350	793324	446273	241610	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1382		1114					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		1842		11910	6742	1433	442	77	98
98.01 PHYSICIANS CLINICS		1846		3427	2065	386	745	63	98.01
98.03 YORKVILLE PHYSICIAN OFFICES									98.03
98.04 IRB				428					98.04
100 LINDEN OAKS HOSPITAL	5800	48847						11463	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	156291	347667	476426	742173	424157	795143	447460	253213	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23					23
24					24
		178769			
INPATIENT ROUTINE SERV COST CENTERS					
25		10763764		10763764	25
26		1005644		1005644	26
27		1903485		1903485	27
30		590761		590761	30
33		277949		277949	33
ANCILLARY SERVICE COST CENTERS					
37		4669973		4669973	37
37.01		1000510		1000510	37.01
37.02		695173		695173	37.02
38		79484		79484	38
39		1644289		1644289	39
40		151332		151332	40
41		1160965		1160965	41
41.01		228830		228830	41.01
41.02		274411		274411	41.02
41.03		246631		246631	41.03
41.04		219393		219393	41.04
41.06		178302		178302	41.06
41.07		228301		228301	41.07
42		1224086		1224086	42
44		1082010		1082010	44
46		245588		245588	46
46.30					46.30
49		439684		439684	49
50		150871		150871	50
51					51
52		21977		21977	52
53		1500484		1500484	53
53.02		19510		19510	53.02
53.03		2445		2445	53.03
53.04		206654		206654	53.04
53.05		1237722		1237722	53.05
53.07					53.07
54		73628		73628	54
55		204959		204959	55
55.30					55.30
56		482419		482419	56
OUTPATIENT SERVICE COST CENTERS					
60		140237		140237	60
60.01		3188		3188	60.01
60.02		95259		95259	60.02
60.03		46068		46068	60.03
61		2511100		2511100	61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		108892		71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS		35115978		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		138754		96
97 RESEARCH		110		97
98 PHYSICIANS' PRIVATE OFFICES		308867		98
98.01 PHYSICIANS CLINICS		201397		98.01
98.03 YORKVILLE PHYSICIAN OFFICES		6013		98.03
98.04 IRB		4426		98.04
100 LINDEN OAKS HOSPITAL		66110		100
101 CROSS FOOT ADJUSTMENTS	178769	178769		101
102 NEGATIVE COST CENTER				102
103 TOTAL	178769	36020424		103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			1841042		2413591			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	717523	717523	134137282	-91893112	277867958	562310	469055	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2182	2182	162454		503359	2182	2182	96
97 RESEARCH					2932			97
98 PHYSICIANS' PRIVATE OFFICES	2907	2907	2848342		3286224	2907	2907	98
98.01 PHYSICIANS CLINICS	2914	2914	499854		943361	2914	2914	98.01
98.03 YORKVILLE PHYSICIAN OFFICES					159917			98.03
98.04 IRB			82400		100862			98.04
100 LINDEN OAKS HOSPITAL								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	15961659	15823760	16836412		91893112	5971837	12058067	103
104 UNIT COST MULT-WS B PT I		21.810052				10.471157		104
104 UNIT COST MULT-WS B PT I	22.000120		.122242		.324866		25.275893	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			341982		10636674	264038	4443214	107
108 UNIT COST MULT-WS B PT III						.462970		108
108 UNIT COST MULT-WS B PT III			.002483		.037603		9.313782	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	NURSING ADMINISTRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY				285		36009		3943686	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1580106	463697	307087	16930	1148011	45263375	25939761	1318878888	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		2182		26					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		2907		278	18636	81744	25697	421511	98
98.01 PHYSICIANS CLINICS		2914		80	5707	22015	43279	345568	98.01
98.03 YORKVILLE PHYSICIAN OFFICES									98.03
98.04 IRB				10					98.04
100 LINDEN OAKS HOSPITAL	60902	77107						62638282	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2092534	5507397	2553694	4038945	6207089	5493439	8368387	6651729	103
104 UNIT COST MULT-WS B PT I	1.275152		8.315865		5.294552		.321753		104
104 UNIT COST MULT-WS B PT I		10.035216		233.141595		.121089		.004812	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	156291	347667	476426	742173	424157	795143	447460	253213	107
108 UNIT COST MULT-WS B PT III	.095241		1.551437		.361799		.017204		108
108 UNIT COST MULT-WS B PT III		.633496		42.840741		.017527		.000183	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS ASSIGNED TIME	
	24	
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
20		20
21		21
22		22
23		23
24	1280	24
INPATIENT ROUTINE SERV COST CENTERS		
25	40	25
26	16	26
27		27
30		30
33		33
ANCILLARY SERVICE COST CENTERS		
37	16	37
37.01	16	37.01
37.02		37.02
38		38
39		39
40		40
41		41
41.01		41.01
41.02		41.02
41.03		41.03
41.04		41.04
41.06		41.06
41.07		41.07
42		42
44	16	44
46		46
46.30		46.30
49	8	49
50		50
51		51
52		52
53		53
53.02		53.02
53.03		53.03
53.04		53.04
53.05		53.05
53.07		53.07
54		54
55		55
55.30		55.30
56		56
OUTPATIENT SERVICE COST CENTERS		
60		60
60.01		60.01
60.02		60.02
60.03		60.03
61	1156	61
62		62
63.50		63.50
63.60		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10		69.10

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08  
 11/19/2009 17:28

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS ASSIGNED TIME 24	
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERA		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	1268	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
97 RESEARCH		97
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 PHYSICIANS CLINICS		98.01
98.03 YORKVILLE PHYSICIAN OFFICES		98.03
98.04 IRB		98.04
100 LINDEN OAKS HOSPITAL	12	100
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	753759	103
104 UNIT COST MULT-WS B PT I	588.874219	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	178769	107
108 UNIT COST MULT-WS B PT III	139.663281	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	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	66821442		66821442		66821442	25
26 INTENSIVE CARE UNIT	8952077		8952077		8952077	26
27 CORONARY CARE UNIT	8770097		8770097		8770097	27
30 NEONATAL INTENSIVE CARE UNI	7996785		7996785		7996785	30
33 NURSERY	4048863		4048863		4048863	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	49171590		49171590		49171590	37
37.01 SAME DAY SURGERY	7352878		7352878		7352878	37.01
37.02 ENDOSCOPY	5409882		5409882		5409882	37.02
38 RECOVERY ROOM	2285463		2285463		2285463	38
39 DELIVERY ROOM & LABOR ROOM	12320106		12320106		12320106	39
40 ANESTHESIOLOGY	2572605		2572605		2572605	40
41 RADIOLOGY-DIAGNOSTIC	10687077		10687077		10687077	41
41.01 ULTRASOUND	3004998		3004998		3004998	41.01
41.02 NUCLEAR MEDICINE	2890105		2890105		2890105	41.02
41.03 CT SCAN	3971934		3971934		3971934	41.03
41.04 MRI	2270510		2270510		2270510	41.04
41.06 SPECIAL PROCEDURES	2859448		2859448		2859448	41.06
41.07 IMAGING CENTER	7187968		7187968		7187968	41.07
42 RADIOLOGY-THERAPEUTIC	37037389		37037389		37037389	42
44 LABORATORY	14319002		14319002	388965	14707967	44
46 WHOLE BLOOD & PACKED RED BL	4836553		4836553		4836553	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	6303267		6303267		6303267	49
50 PHYSICAL THERAPY	4043276		4043276		4043276	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	670541		670541		670541	52
53 ELECTROCARDIOLOGY	11020844		11020844		11020844	53
53.02 ENTEROSTOMAL THERAPY	572289		572289		572289	53.02
53.03 EMG/NCV	65994		65994		65994	53.03
53.04 CARDIAC REHAB	1697895		1697895		1697895	53.04
53.05 CARDIAC CATH LAB	22272253		22272253		22272253	53.05
53.07 NEUROSCIENCES						53.07
54 ELECTROENCEPHALOGRAPHY	2229514		2229514		2229514	54
55 MEDICAL SUPPLIES CHARGED TO	5375949		5375949		5375949	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	14436073		14436073		14436073	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1837019		1837019		1837019	60
60.01 URODYNAMICS	94895		94895		94895	60.01
60.02 PLAINFIELD CLINIC	2806164		2806164		2806164	60.02
60.03 OSWEGO CLINIC	1318724		1318724		1318724	60.03
61 EMERGENCY	23553379		23553379	846096	24399475	61
62 OBSERVATION BEDS (NON-DISTI	7634995		7634995		7634995	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	370699843		370699843	1235061	371934904	101
102 LESS OBSERVATION BEDS	7634995		7634995		7634995	102
103 TOTAL	363064848		363064848	1235061	364299909	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	90922376		90922376			25
26 INTENSIVE CARE UNIT	13682547		13682547			26
27 CORONARY CARE UNIT	16547274		16547274			27
30 NEONATAL INTENSIVE CARE UNI	19731149		19731149			30
33 NURSERY	4777173		4777173			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	75778668	59447936	135226604	.363624	.363624	.363624 37
37.01 SAME DAY SURGERY	1616755	6942068	8558823	.859099	.859099	.859099 37.01
37.02 ENDOSCOPY	6484280	25505267	31989547	.169114	.169114	.169114 37.02
38 RECOVERY ROOM	7919462	10224401	18143863	.125963	.125963	.125963 38
39 DELIVERY ROOM & LABOR ROOM	19566346	2704790	22271136	.553187	.553187	.553187 39
40 ANESTHESIOLOGY	11647952	14050016	25697968	.100109	.100109	.100109 40
41 RADIOLOGY-DIAGNOSTIC	7851707	32750722	40602429	.263213	.263213	.263213 41
41.01 ULTRASOUND	4733928	15744340	20478268	.146741	.146741	.146741 41.01
41.02 NUCLEAR MEDICINE	1781935	9959573	11741508	.246144	.246144	.246144 41.02
41.03 CT SCAN	18165015	50636167	68801182	.057731	.057731	.057731 41.03
41.04 MRI	6132183	11570937	17703120	.128255	.128255	.128255 41.04
41.06 SPECIAL PROCEDURES	8502380	3357472	11859852	.241103	.241103	.241103 41.06
41.07 IMAGING CENTER	133361	52583682	52717043	.136350	.136350	.136350 41.07
42 RADIOLOGY-THERAPEUTIC	1266486	98284736	99551222	.372044	.372044	.372044 42
44 LABORATORY	50106361	81411302	131517663	.108875	.108875	.111833 44
46 WHOLE BLOOD & PACKED RED BL	9725446	3974551	13699997	.353033	.353033	.353033 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	25811178	4748804	30559982	.206259	.206259	.206259 49
50 PHYSICAL THERAPY	5270613	6716673	11987286	.337297	.337297	.337297 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	1162639	721963	1884602	.355800	.355800	.355800 52
53 ELECTROCARDIOLOGY	12789848	47046680	59836528	.184183	.184183	.184183 53
53.02 ENTEROSTOMAL THERAPY	279091	520436	799527	.715784	.715784	.715784 53.02
53.03 EMG/NCV	122512	1683475	1805987	.036542	.036542	.036542 53.03
53.04 CARDIAC REHAB	200360	2244088	2444448	.694592	.694592	.694592 53.04
53.05 CARDIAC CATH LAB	47824086	32880800	80704886	.275972	.275972	.275972 53.05
53.07 NEUROSCIENCES						53.07
54 ELECTROENCEPHALOGRAPHY	1489144	5951466	7440610	.299641	.299641	.299641 54
55 MEDICAL SUPPLIES CHARGED TO	36180486	7654590	43835076	.122640	.122640	.122640 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	65463096	18617327	84080423	.171694	.171694	.171694 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	17897	3169724	3187621	.576298	.576298	.576298 60
60.01 URODYNAMICS		514542	514542	.184426	.184426	.184426 60.01
60.02 PLAINFIELD CLINIC	45228	9215170	9260398	.303028	.303028	.303028 60.02
60.03 OSWEGO CLINIC	765	2230700	2231465	.590968	.590968	.590968 60.03
61 EMERGENCY	32689700	77125460	109815160	.214482	.214482	.222187 61
62 OBSERVATION BEDS (NON-DISTI	690438	7635478	8325916	.917016	.917016	.917016 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	607109865	707825336	1314935201			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	607109865	707825336	1314935201			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				10763764		10763764
26 INTENSIVE CARE UNIT				1005644		1005644
27 CORONARY CARE UNIT				1903485		1903485
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT				590761		590761
31 SUBPROVIDER I						
33 NURSERY				277949		277949
101 TOTAL				14541603		14541603

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	71381	27772			150.79	4187740
26 INTENSIVE CARE UNIT	5614	2824			179.13	505863
27 CORONARY CARE UNIT	3991	2281			476.94	1087900
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	2627				224.88	
31 SUBPROVIDER I						
33 NURSERY	10346				26.87	
101 TOTAL	93959	32877				5781503

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	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		4669973	135226604	27896559			.034534	963380 37
37.01 SAME DAY SURGERY		1000510	8558823	807312			.116898	94373 37.01
37.02 ENDOSCOPY		695173	31989547	3627545			.021731	78830 37.02
38 RECOVERY ROOM		79484	18143863	2722087			.004381	11925 38
39 DELIVERY ROOM & LABOR ROOM		1644289	22271136	13571			.073830	1002 39
40 ANESTHESIOLOGY		151332	25697968	3365427			.005889	19819 40
41 RADIOLOGY-DIAGNOSTIC		1160965	40602429	4378853			.028593	125205 41
41.01 ULTRASOUND		228830	20478268	2497822			.011174	27911 41.01
41.02 NUCLEAR MEDICINE		274411	11741508	1100032			.023371	25709 41.02
41.03 CT SCAN		246631	68801182	9600897			.003585	34419 41.03
41.04 MRI		219393	17703120	2771856			.012393	34352 41.04
41.06 SPECIAL PROCEDURES		178302	11859852	4864341			.015034	73131 41.06
41.07 IMAGING CENTER		228301	52717043	90287			.004331	391 41.07
42 RADIOLOGY-THERAPEUTIC		1224086	99551222	434282			.012296	5340 42
44 LABORATORY		1082010	131517663	25484360			.008227	209660 44
46 WHOLE BLOOD & PACKED RED BLOO		245588	13699997	4645600			.017926	83277 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		439684	30559982	12214615			.014388	175744 49
50 PHYSICAL THERAPY		150871	11987286	3171783			.012586	39920 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		21977	1884602	698479			.011661	8145 52
53 ELECTROCARDIOLOGY		1500484	59836528	6749954			.025076	169262 53
53.02 ENTEROSTOMAL THERAPY		19510	799527	147641			.024402	3603 53.02
53.03 EMG/NCV		2445	1805987	58079			.001354	79 53.03
53.04 CARDIAC REHAB		206654	2444448	105259			.084540	8899 53.04
53.05 CARDIAC CATH LAB		1237722	80704886	23914843			.015336	366758 53.05
53.07 NEUROSCIENCES								53.07
54 ELECTROENCEPHALOGRAPHY		73628	7440610	255499			.009895	2528 54
55 MEDICAL SUPPLIES CHARGED TO P		204959	43835076	15690343			.004676	73368 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		482419	84080423	30201819			.005738	173298 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		140237	3187621	14241			.043994	627 60
60.01 URODYNAMICS		3188	514542				.006196	60.01
60.02 PLAINFIELD CLINIC		95259	9260398				.010287	60.02
60.03 OSWEGO CLINIC		46068	2231465				.020645	60.03
61 EMERGENCY		2511100	109815160	15262590			.022867	349010 61
62 OBSERVATION BEDS (NON-DISTINC		1229860	8325916	690438			.147715	101988 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21695343	1169274682	203476414				3261953 101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			23555			23555	25
26 INTENSIVE CARE UNIT			9422			9422	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NEONATAL INTENSIVE CARE UNIT							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			32977			32977	101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	TOTAL	PER DIEM 6	INPATIENT	INPATIENT	
		PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	71381	.33	27772	9165	25
26	INTENSIVE CARE UNIT	5614	1.68	2824	4744	26
27	CORONARY CARE UNIT	3991		2281		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	NEONATAL INTENSIVE CARE UNIT	2627				30
31	SUBPROVIDER I					31
33	NURSERY	10346				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	93959		32877	13909	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				9422			9422 37
37.01 SAME DAY SURGERY				9422			9422 37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE							41.02
41.03 CT SCAN							41.03
41.04 MRI							41.04
41.06 SPECIAL PROCEDURES							41.06
41.07 IMAGING CENTER							41.07
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				9422			9422 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				4711			4711 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV							53.03
53.04 CARDIAC REHAB							53.04
53.05 CARDIAC CATH LAB							53.05
53.07 NEUROSCIENCES							53.07
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 URODYNAMICS							60.01
60.02 PLAINFIELD CLINIC							60.02
60.03 OSWEGO CLINIC							60.03
61 EMERGENCY				680739			680739 61
62 OBSERVATION BEDS (NON-DISTINC				2695			2695 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				716411			716411 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		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	9422	135226604	.000070	.000070	27896559	1953	6290479 37
37.01 SAME DAY SURGERY	9422	8558823	.001101	.001101	807312	889	1018590 37.01
37.02 ENDOSCOPY		31989547			3627545		5916575 37.02
38 RECOVERY ROOM		18143863			2722087		1028709 38
39 DELIVERY ROOM & LABOR ROOM		22271136			13571		366 39
40 ANESTHESIOLOGY		25697968			3365427		1741129 40
41 RADIOLOGY-DIAGNOSTIC		40602429			4378853		4499699 41
41.01 ULTRASOUND		20478268			2497822		2733280 41.01
41.02 NUCLEAR MEDICINE		11741508			1100032		3084044 41.02
41.03 CT SCAN		68801182			9600897		10708487 41.03
41.04 MRI		17703120			2771856		2490326 41.04
41.06 SPECIAL PROCEDURES		11859852			4864341		1551641 41.06
41.07 IMAGING CENTER		52717043			90287		8778122 41.07
42 RADIOLOGY-THERAPEUTIC		99551222			434282		31284959 42
44 LABORATORY	9422	131517663	.000072	.000072	25484360	1835	3548681 44
46 WHOLE BLOOD & PACKED RED BLOO		13699997			4645600		1010489 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	4711	30559982	.000154	.000154	12214615	1881	1363606 49
50 PHYSICAL THERAPY		11987286			3171783		3314 50
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY		1884602			698479		
53 ELECTROCARDIOLOGY		59836528			6749954		14478869 53
53.02 ENTEROSTOMAL THERAPY		799527			147641		404354 53.02
53.03 EMG/NCV		1805987			58079		339314 53.03
53.04 CARDIAC REHAB		2444448			105259		833480 53.04
53.05 CARDIAC CATH LAB		80704886			23914843		12887768 53.05
53.07 NEUROSCIENCES							
54 ELECTROENCEPHALOGRAPHY		7440610			255499		1114095 54
55 MEDICAL SUPPLIES CHARGED TO P		43835076			15690343		1156172 55
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS		84080423			30201819		2836146 56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3187621			14241		233959 60
60.01 URODYNAMICS		514542					94293 60.01
60.02 PLAINFIELD CLINIC		9260398					31491 60.02
60.03 OSWEGO CLINIC		2231465					70 60.03
61 EMERGENCY	680739	109815160	.006199	.006199	15262590	94613	10388982 61
62 OBSERVATION BEDS (NON-DISTINC	2695	8325916	.000324	.000324	690438	224	2730206 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	716411	1169274682			203476414	101395	134581695 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 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			440		37
37.01 SAME DAY SURGERY			1121		37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY			256		44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			210		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.07 NEUROSCIENCES					53.07
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
61 EMERGENCY			64401		61
62 OBSERVATION BEDS (NON-DISTINC			885		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			67313		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.363624	.363624	.363624			37
37.01 SAME DAY SURGERY	.859099	.859099	.859099			37.01
37.02 ENDOSCOPY	.169114	.169114	.169114			37.02
38 RECOVERY ROOM	.125963	.125963	.125963			38
39 DELIVERY ROOM & LABOR ROOM	.553187	.553187	.553187			39
40 ANESTHESIOLOGY	.100109	.100109	.100109			40
41 RADIOLOGY-DIAGNOSTIC	.263213	.263213	.263213			41
41.01 ULTRASOUND	.146741	.146741	.146741			41.01
41.02 NUCLEAR MEDICINE	.246144	.246144	.246144			41.02
41.03 CT SCAN	.057731	.057731	.057731			41.03
41.04 MRI	.128255	.128255	.128255			41.04
41.06 SPECIAL PROCEDURES	.241103	.241103	.241103			41.06
41.07 IMAGING CENTER	.136350	.136350	.136350			41.07
42 RADIOLOGY-THERAPEUTIC	.372044	.372044	.372044			42
44 LABORATORY	.108875	.108875	.108875			44
46 WHOLE BLOOD & PACKED RED BLOOD	.353033	.353033	.353033			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.206259	.206259	.206259			49
50 PHYSICAL THERAPY	.337297	.337297	.337297			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.355800	.355800	.355800			52
53 ELECTROCARDIOLOGY	.184183	.184183	.184183			53
53.02 ENTEROSTOMAL THERAPY	.715784	.715784	.715784			53.02
53.03 EMG/NCV	.036542	.036542	.036542			53.03
53.04 CARDIAC REHAB	.694592	.694592	.694592			53.04
53.05 CARDIAC CATH LAB	.275972	.275972	.275972			53.05
53.07 NEUROSCIENCES						53.07
54 ELECTROENCEPHALOGRAPHY	.299641	.299641	.299641			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.122640	.122640	.122640			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.171694	.171694	.171694			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.576298	.576298	.576298			60
60.01 URODYNAMICS	.184426	.184426	.184426			60.01
60.02 PLAINFIELD CLINIC	.303028	.303028	.303028			60.02
60.03 OSWEGO CLINIC	.590968	.590968	.590968			60.03
61 EMERGENCY	.214482	.214482	.214482			61
62 OBSERVATION BEDS (NON-DISTINCT	.917016	.917016	.917016			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						103

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.171694	1
2 PROGRAM VACCINE CHARGES	82457	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	14157	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 (14-0231) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6290479	2118					37
37.01 SAME DAY SURGERY		1018590	1059					37.01
37.02 ENDOSCOPY		5916575						37.02
38 RECOVERY ROOM		1028709						38
39 DELIVERY ROOM & LABOR ROOM		366						39
40 ANESTHESIOLOGY		1741129	176					40
41 RADIOLOGY-DIAGNOSTIC		4499699	882					41
41.01 ULTRASOUND		2733280						41.01
41.02 NUCLEAR MEDICINE		3084044						41.02
41.03 CT SCAN		10708487						41.03
41.04 MRI		2490326	353					41.04
41.06 SPECIAL PROCEDURES		1551641	1588					41.06
41.07 IMAGING CENTER		8778122						41.07
42 RADIOLOGY-THERAPEUTIC		31284959	176					42
44 LABORATORY		3548681						44
46 WHOLE BLOOD & PACKED RED BLOOD		1010489						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1363606	1548					49
50 PHYSICAL THERAPY		3314						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		14478869						53
53.02 ENTEROSTOMAL THERAPY		404354	353					53.02
53.03 EMG/NCV		339314	176					53.03
53.04 CARDIAC REHAB		833480						53.04
53.05 CARDIAC CATH LAB		12887768	9530					53.05
53.07 NEUROSCIENCES								53.07
54 ELECTROENCEPHALOGRAPHY		1114095						54
55 MEDICAL SUPPLIES CHARGED TO PA		1156172						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		2836146						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		233959						60
60.01 URODYNAMICS		94293						60.01
60.02 PLAINFIELD CLINIC		31491						60.02
60.03 OSWEGO CLINIC		70						60.03
61 EMERGENCY		10388982	1235					61
62 OBSERVATION BEDS (NON-DISTINCT		2730206						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		134581695	19194					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		134581695	19194					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2287369	770				37
37.01 SAME DAY SURGERY		875070	910				37.01
37.02 ENDOSCOPY		1000576					37.02
38 RECOVERY ROOM		129579					38
39 DELIVERY ROOM & LABOR ROOM		202					39
40 ANESTHESIOLOGY		174303	18				40
41 RADIOLOGY-DIAGNOSTIC		1184379	232				41
41.01 ULTRASOUND		401084					41.01
41.02 NUCLEAR MEDICINE		759119					41.02
41.03 CT SCAN		618212					41.03
41.04 MRI		319397	45				41.04
41.06 SPECIAL PROCEDURES		374105	383				41.06
41.07 IMAGING CENTER		1196897					41.07
42 RADIOLOGY-THERAPEUTIC		11639381	65				42
44 LABORATORY		386363					44
46 WHOLE BLOOD & PACKED RED BLOOD		356736					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		281256	319				49
50 PHYSICAL THERAPY		1118					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		2666762					53
53.02 ENTEROSTOMAL THERAPY		289430	253				53.02
53.03 EMG/NCV		12399	6				53.03
53.04 CARDIAC REHAB		578929					53.04
53.05 CARDIAC CATH LAB		3556663	2630				53.05
53.07 NEUROSCIENCES							53.07
54 ELECTROENCEPHALOGRAPHY		333829					54
55 MEDICAL SUPPLIES CHARGED TO PAT		141793					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		486949					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		134830					60
60.01 URODYNAMICS		17390					60.01
60.02 PLAINFIELD CLINIC		9543					60.02
60.03 OSWEGO CLINIC		41					60.03
61 EMERGENCY		2228250	265				61
62 OBSERVATION BEDS (NON-DISTINCT)		2503643					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		34945597	5896				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		34945597	5896				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				10763764		10763764
26 INTENSIVE CARE UNIT				1005644		1005644
27 CORONARY CARE UNIT				1903485		1903485
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT				590761		590761
31 SUBPROVIDER I						
33 NURSERY				277949		277949
101 TOTAL				14541603		14541603

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	71381	2930			150.79	441815
26 INTENSIVE CARE UNIT	5614	260			179.13	46574
27 CORONARY CARE UNIT	3991	107			476.94	51033
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	2627				224.88	
31 SUBPROVIDER I						
33 NURSERY	10346	1019			26.87	27381
101 TOTAL	93959	4316				566803

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	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		4669973	135226604	1545778			.034534	53382 37
37.01 SAME DAY SURGERY		1000510	8558823	67165			.116898	7851 37.01
37.02 ENDOSCOPY		695173	31989547	213670			.021731	4643 37.02
38 RECOVERY ROOM		79484	18143863	234951			.004381	1029 38
39 DELIVERY ROOM & LABOR ROOM		1644289	22271136	1106811			.073830	81716 39
40 ANESTHESIOLOGY		151332	25697968	419674			.005889	2471 40
41 RADIOLOGY-DIAGNOSTIC		1160965	40602429	331164			.028593	9469 41
41.01 ULTRASOUND		228830	20478268	211078			.011174	2359 41.01
41.02 NUCLEAR MEDICINE		274411	11741508	64592			.023371	1510 41.02
41.03 CT SCAN		246631	68801182	798219			.003585	2862 41.03
41.04 MRI		219393	17703120	310560			.012393	3849 41.04
41.06 SPECIAL PROCEDURES		178302	11859852	222901			.015034	3351 41.06
41.07 IMAGING CENTER		228301	52717043				.004331	41.07
42 RADIOLOGY-THERAPEUTIC		1224086	99551222	51764			.012296	636 42
44 LABORATORY		1082010	131517663	2206957			.008227	18157 44
46 WHOLE BLOOD & PACKED RED BLOO		245588	13699997	356360			.017926	6388 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		439684	30559982	1406403			.014388	20235 49
50 PHYSICAL THERAPY		150871	11987286	120614			.012586	1518 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		21977	1884602	36099			.011661	421 52
53 ELECTROCARDIOLOGY		1500484	59836528	569687			.025076	14285 53
53.02 ENTEROSTOMAL THERAPY		19510	799527	8792			.024402	215 53.02
53.03 EMG/NCV		2445	1805987	12556			.001354	17 53.03
53.04 CARDIAC REHAB		206654	2444448	4694			.084540	397 53.04
53.05 CARDIAC CATH LAB		1237722	80704886	692281			.015336	10617 53.05
53.07 NEUROSCIENCES								53.07
54 ELECTROENCEPHALOGRAPHY		73628	7440610	93241			.009895	923 54
55 MEDICAL SUPPLIES CHARGED TO P		204959	43835076	1485123			.004676	6944 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		482419	84080423	3131476			.005738	17968 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		140237	3187621	33			.043994	1 60
60.01 URODYNAMICS		3188	514542				.006196	60.01
60.02 PLAINFIELD CLINIC		95259	9260398				.010287	60.02
60.03 OSWEGO CLINIC		46068	2231465				.020645	60.03
61 EMERGENCY		2511100	109815160	2357488			.022867	53909 61
62 OBSERVATION BEDS (NON-DISTINC		1229860	8325916				.147715	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21695343	1169274682	18060131				327123 101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS	
	ANESTHETIST COST 1	SCHOOL COST 2	HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	ADJUSTMENT AMOUNT 3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			23555			23555	25
26 INTENSIVE CARE UNIT			9422			9422	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NEONATAL INTENSIVE CARE UNIT							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			32977			32977	101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/19/2009 17:28

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	71381	.33	2930	967	25
26	INTENSIVE CARE UNIT	5614	1.68	260	437	26
27	CORONARY CARE UNIT	3991		107		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	NEONATAL INTENSIVE CARE UNIT	2627				30
31	SUBPROVIDER I					31
33	NURSERY	10346		1019		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	93959		4316	1404	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				9422			9422 37
37.01 SAME DAY SURGERY				9422			9422 37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE							41.02
41.03 CT SCAN							41.03
41.04 MRI							41.04
41.06 SPECIAL PROCEDURES							41.06
41.07 IMAGING CENTER							41.07
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				9422			9422 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				4711			4711 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV							53.03
53.04 CARDIAC REHAB							53.04
53.05 CARDIAC CATH LAB							53.05
53.07 NEUROSCIENCES							53.07
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 URODYNAMICS							60.01
60.02 PLAINFIELD CLINIC							60.02
60.03 OSWEGO CLINIC							60.03
61 EMERGENCY				680739			680739 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				713716			713716 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			TO	RATIO OF	PROGRAM	
	COSTS	CHARGES	COST TO	TO	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	9422	135226604	.000070	.000070	1545778	108	37
37.01 SAME DAY SURGERY	9422	8558823	.001101	.001101	67165	74	37.01
37.02 ENDOSCOPY		31989547			213670		37.02
38 RECOVERY ROOM		18143863			234951		38
39 DELIVERY ROOM & LABOR ROOM		22271136			1106811		39
40 ANESTHESIOLOGY		25697968			419674		40
41 RADIOLOGY-DIAGNOSTIC		40602429			331164		41
41.01 ULTRASOUND		20478268			211078		41.01
41.02 NUCLEAR MEDICINE		11741508			64592		41.02
41.03 CT SCAN		68801182			798219		41.03
41.04 MRI		17703120			310560		41.04
41.06 SPECIAL PROCEDURES		11859852			222901		41.06
41.07 IMAGING CENTER		52717043					41.07
42 RADIOLOGY-THERAPEUTIC		99551222			51764		42
44 LABORATORY	9422	131517663	.000072	.000072	2206957	159	44
46 WHOLE BLOOD & PACKED RED BLOO		13699997			356360		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	4711	30559982	.000154	.000154	1406403	217	49
50 PHYSICAL THERAPY		11987286			120614		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1884602			36099		52
53 ELECTROCARDIOLOGY		59836528			569687		53
53.02 ENTEROSTOMAL THERAPY		799527			8792		53.02
53.03 EMG/NCV		1805987			12556		53.03
53.04 CARDIAC REHAB		2444448			4694		53.04
53.05 CARDIAC CATH LAB		80704886			692281		53.05
53.07 NEUROSCIENCES							53.07
54 ELECTROENCEPHALOGRAPHY		7440610			93241		54
55 MEDICAL SUPPLIES CHARGED TO P		43835076			1485123		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		84080423			3131476		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3187621			33		60
60.01 URODYNAMICS		514542					60.01
60.02 PLAINFIELD CLINIC		9260398					60.02
60.03 OSWEGO CLINIC		2231465					60.03
61 EMERGENCY	680739	109815160	.006199	.006199	2357488	14614	61
62 OBSERVATION BEDS (NON-DISTINC		8325916					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	713716	1169274682			18060131	15172	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SAME DAY SURGERY					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.07 NEUROSCIENCES					53.07
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71381						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71381						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71381						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)	27772						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	66821442						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	66821442						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	90922376						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	90922376						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.734928						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1273.76						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	66821442						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	936.12					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25997925					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25997925					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	8952077	5614	1594.60	2824	4503150	43
44 CORONARY CARE UNIT	8770097	3991	2197.47	2281	5012429	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	7996785	2627	3044.07			47
	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	43755047					48
49 TOTAL PROGRAM INPATIENT COSTS	79268551					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5795412					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3363348					51
52 TOTAL PROGRAM EXCLUDABLE COST	9158760					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	70109791					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	8156	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.12	84
85 OBSERVATION BED COST	7634995	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		66821442		7634995		86
87 NEW CAPITAL-RELATED COST	10763764	66821442	.161082	7634995	1229860	87
88 NON PHYSICIAN ANESTHETIST		66821442		7634995		88
89 NURSING SCHOOL		66821442		7634995		89
89.01 ALLIED HEALTH	23555	66821442	.000353	7634995	2695	89.01
89.02 ALL OTHER		66821442		7634995		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71381					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71381					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71381					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)	2930					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	10346					15
16 TITLE V OR XIX NURSERY DAYS	1019					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	66821442						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	66821442						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	90922376						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	90922376						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.734928						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1273.76						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	66821442						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	936.12					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2742832					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2742832					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)	4048863	10346	391.35	1019	398786	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	8952077	5614	1594.60	260	414596	43
44 CORONARY CARE UNIT	8770097	3991	2197.47	107	235129	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	7996785	2627	3044.07			47
	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3901828					48
49 TOTAL PROGRAM INPATIENT COSTS	7693171					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	568207					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	342295					51
52 TOTAL PROGRAM EXCLUDABLE COST	910502					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/19/2009 17:28

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/19/2009 17:28

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	8156	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.12	84
85 OBSERVATION BED COST	7634995	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		38073991		25
26 INTENSIVE CARE UNIT		6430276		26
27 CORONARY CARE UNIT		8311809		27
30 NEONATAL INTENSIVE CARE UNIT				30
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.363624	27896559	10143858	37
37.01 SAME DAY SURGERY	.859099	807312	693561	37.01
37.02 ENDOSCOPY	.169114	3627545	613469	37.02
38 RECOVERY ROOM	.125963	2722087	342882	38
39 DELIVERY ROOM & LABOR ROOM	.553187	13571	7507	39
40 ANESTHESIOLOGY	.100109	3365427	336910	40
41 RADIOLOGY-DIAGNOSTIC	.263213	4378853	1152571	41
41.01 ULTRASOUND	.146741	2497822	366533	41.01
41.02 NUCLEAR MEDICINE	.246144	1100032	270766	41.02
41.03 CT SCAN	.057731	9600897	554269	41.03
41.04 MRI	.128255	2771856	355504	41.04
41.06 SPECIAL PROCEDURES	.241103	4864341	1172807	41.06
41.07 IMAGING CENTER	.136350	90287	12311	41.07
42 RADIOLOGY-THERAPEUTIC	.372044	434282	161572	42
44 LABORATORY	.111833	25484360	2849992	44
46 WHOLE BLOOD & PACKED RED BLOOD	.353033	4645600	1640050	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.206259	12214615	2519374	49
50 PHYSICAL THERAPY	.337297	3171783	1069833	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.355800	698479	248519	52
53 ELECTROCARDIOLOGY	.184183	6749954	1243227	53
53.02 ENTEROSTOMAL THERAPY	.715784	147641	105679	53.02
53.03 EMG/NCV	.036542	58079	2122	53.03
53.04 CARDIAC REHAB	.694592	105259	73112	53.04
53.05 CARDIAC CATH LAB	.275972	23914843	6599827	53.05
53.07 NEUROSCIENCES				53.07
54 ELECTROENCEPHALOGRAPHY	.299641	255499	76558	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.122640	15690343	1924264	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.171694	30201819	5185471	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.576298	14241	8207	60
60.01 URODYNAMICS	.184426			60.01
60.02 PLAINFIELD CLINIC	.303028			60.02
60.03 OSWEGO CLINIC	.590968			60.03
61 EMERGENCY	.222187	15262590	3391149	61
62 OBSERVATION BEDS (NON-DISTINCT	.917016	690438	633143	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		203476414	43755047	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		203476414		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3876824		25
26 INTENSIVE CARE UNIT		791198		26
27 CORONARY CARE UNIT		450738		27
30 NEONATAL INTENSIVE CARE UNIT		846924		30
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.363624	1545778	562082	37
37.01 SAME DAY SURGERY	.859099	67165	57701	37.01
37.02 ENDOSCOPY	.169114	213670	36135	37.02
38 RECOVERY ROOM	.125963	234951	29595	38
39 DELIVERY ROOM & LABOR ROOM	.553187	1106811	612273	39
40 ANESTHESIOLOGY	.100109	419674	42013	40
41 RADIOLOGY-DIAGNOSTIC	.263213	331164	87167	41
41.01 ULTRASOUND	.146741	211078	30974	41.01
41.02 NUCLEAR MEDICINE	.246144	64592	15899	41.02
41.03 CT SCAN	.057731	798219	46082	41.03
41.04 MRI	.128255	310560	39831	41.04
41.06 SPECIAL PROCEDURES	.241103	222901	53742	41.06
41.07 IMAGING CENTER	.136350			41.07
42 RADIOLOGY-THERAPEUTIC	.372044	51764	19258	42
44 LABORATORY	.108875	2206957	240282	44
46 WHOLE BLOOD & PACKED RED BLOOD	.353033	356360	125807	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.206259	1406403	290083	49
50 PHYSICAL THERAPY	.337297	120614	40683	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.355800	36099	12844	52
53 ELECTROCARDIOLOGY	.184183	569687	104927	53
53.02 ENTEROSTOMAL THERAPY	.715784	8792	6293	53.02
53.03 EMG/NCV	.036542	12556	459	53.03
53.04 CARDIAC REHAB	.694592	4694	3260	53.04
53.05 CARDIAC CATH LAB	.275972	692281	191050	53.05
53.07 NEUROSCIENCES				53.07
54 ELECTROENCEPHALOGRAPHY	.299641	93241	27939	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.122640	1485123	182135	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.171694	3131476	537656	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.576298	33	19	60
60.01 URODYNAMICS	.184426			60.01
60.02 PLAINFIELD CLINIC	.303028			60.02
60.03 OSWEGO CLINIC	.590968			60.03
61 EMERGENCY	.214482	2357488	505639	61
62 OBSERVATION BEDS (NON-DISTINCT	.917016			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		18060131	3901828	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		18060131		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	13091455					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12742245					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	27749238					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	2111104					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	286.62					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 (14-0231)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	55694042					6
7						7
7.01						7.01
8	55694042					8
9	4753563					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	13909					14
15	101395					15
16	60562909					16
17	98777					17
18	60464132					18
19	4852480					19
20	118096					20
21	436262					21
21.01	305383					21.01
21.02	391866					21.02
22	55798939					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	55798939					26
27						27
28	55665903					28
28.01						28.01
29	133036					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 (14-0231) 1	HOSPITAL (14-0231) 1.01	HOSPITAL (14-0231) 1.02	
1 MEDICAL AND OTHER SERVICES	20053			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	34878284			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	26697059			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	67313			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	20053			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	101651			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	101651			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	101651			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	81598			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	20053			17
17.01 TOTAL PPS PAYMENTS	26764372			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0231) 1	HOSPITAL (14-0231) 1.01	HOSPITAL (14-0231) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3839		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6238351		18.01
19 SUBTOTAL	20542235		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	20542235		23
24 PRIMARY PAYER PAYMENTS	9432		24
25 SUBTOTAL	20532803		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	566223		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	396356		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	536938		27.02
28 SUBTOTAL	20929159		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-891		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	20930050		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	20709930		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	220120		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  
(14-0231)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		56038498		20567381	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		02/13/2009	95394	3.01
	TO .02		05/22/2009	47155	3.02
	PROVIDER .03	NONE			3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50	02/13/2009			3.50
	PROVIDER .51	05/22/2009			3.51
	TO .52			NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	-372595		142549	3.99
4 TOTAL INTERIM PAYMENTS		55665903		20709930	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	TO .50				5.50
	PROVIDER .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	133036		220120	6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		55798939		20930050	7

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

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

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0231) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	7693171					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	7693171					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	7693171					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES	18060131					11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES	18060131					16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	18060131					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10366960					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	7693171					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	7693171					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	7693171					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0231) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL	7693171				35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL	7693171				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL	7693171				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	7693171				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	7693171				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	26226499			1
2	TEMPORARY INVESTMENTS	4565000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	57861550			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4562924			7
8	PREPAID EXPENSES	8304530			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	4711078			10
11	TOTAL CURRENT ASSETS	106231581			11
FIXED ASSETS					
12	LAND	150004			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	9229824			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	332914117			14
14.01	ACCUMULATED DEPRECIATION	-142120674			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	162809525			18
18.01	ACCUMULATED DEPRECIATION	-108695534			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	254287262			21
OTHER ASSETS					
22	INVESTMENTS	194674608			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	41769944			25
26	TOTAL OTHER ASSETS	236444552			26
27	TOTAL ASSETS	596963395			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	18085368			28
29	SALARIES, WAGES & FEES PAYABLE	34803015			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	4565000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	48649152			34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	106102535			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	286718380			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	27539572			41
42	TOTAL LONG TERM LIABILITIES	314257952			42
43	TOTAL LIABILITIES	420360487			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	176602908			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	176602908			51
52	TOTAL LIABILITIES AND FUND BALANCES	596963395			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	197475425			1
2 NET INCOME (LOSS)	-16510153			2
3 TOTAL	180965272			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	278131			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	278131			10
11 SUBTOTAL	181243403			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATES	4274087			13
14 CHANGE IN RESTRICTED ASSETS OF THE 15 FOUNDATION	366408			14
16				15
17				16
18 TOTAL DEDUCTIONS	4640495			17
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	176602908			18
				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	99248292		99248292	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	99248292		99248292	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13682547		13682547	12
13 CORONARY CARE UNIT	16547274		16547274	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT	19731149		19731149	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	49960970		49960970	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	149209262		149209262	18
18.50 ANCILLARY SERVICES	460777321	768727039	1229504360	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		3943686	3943686	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	609986583	772670725	1382657308	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		429115308	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	16308294		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		16308294	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		445423602	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1382657308	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	931808941	2
3	NET PATIENT REVENUES	450848367	3
4	LESS - TOTAL OPERATING EXPENSES	445423602	4
5	NET INCOME FROM SERVICE TO PATIENTS	5424765	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-31505450	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER MISCELLANEOUS REVENUE	9570532	24
25	TOTAL OTHER INCOME	-21934918	25
26	TOTAL	-16510153	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-16510153	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	521814	38361			29619	589794 5
6 SKILLED NURSING CARE	804972	59177	49297	28955		942401 6
7 PHYSICAL THERAPY	385092	28309	32093	8604		454098 7
8 OCCUPATIONAL THERAPY	70314	5169	6122	2372		83977 8
9 SPEECH PATHOLOGY			250	11736		11986 9
10 MEDICAL SOCIAL SERVICES	23712	1743	1760			27215 10
11 HOME HEALTH AIDE	35138	2583	5337			43058 11
12 SUPPLIES					36009	36009 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1841042	135342	94859	51667	65628	2188538 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		589794		589794	5
6 SKILLED NURSING CARE		942401		942401	6
7 PHYSICAL THERAPY		454098		454098	7
8 OCCUPATIONAL THERAPY		83977		83977	8
9 SPEECH PATHOLOGY		11986		11986	9
10 MEDICAL SOCIAL SERVICES		27215		27215	10
11 HOME HEALTH AIDE		43058		43058	11
12 SUPPLIES		36009		36009	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		2188538		2188538	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7568

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	589794					589794	589794	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	942401					942401	347661	1290062 6
7 PHYSICAL THERAPY	454098					454098	167522	621620 7
8 OCCUPATIONAL THERAPY	83977					83977	30980	114957 8
9 SPEECH PATHOLOGY	11986					11986	4422	16408 9
10 MEDICAL SOCIAL SERVICES	27215					27215	10040	37255 10
11 HOME HEALTH AIDE	43058					43058	15885	58943 11
12 SUPPLIES	36009					36009	13284	49293 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2188538					2188538		2188538 24

PROVIDER NO. 14-0231 EDWARD 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  
 11/19/2009 17:28

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP	100					3
4	PLANT OPERATION & MAINTENANCE		100				4
5	TRANSPORTATION			100			5
6	ADMINISTRATIVE AND GENERAL	100	100	100	-589794	1598744	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE					942401	8
9	PHYSICAL THERAPY					454098	9
10	OCCUPATIONAL THERAPY					83977	10
11	SPEECH PATHOLOGY					11986	11
12	MEDICAL SOCIAL SERVICES					27215	12
13	HOME HEALTH AIDE					43058	13
14	SUPPLIES					36009	14
15	DRUGS						15
16	COST OF ADMINISTERING VACCINES						16
17	DME						17
18	HHA NONREIMBURSABLE SERVICES						18
19	HOME DIALYSIS AIDE SERVICES						19
20	RESPIRATORY THERAPY						20
21	PRIVATE DUTY NURSING						21
22	CLINIC						22
23	HEALTH PROMOTION ACTIVITIES						23
24	DAY CARE PROGRAM						24
25	HOME DELIVERED MEALS PROGRAM						25
26	HOMEMAKER SERVICE						26
27	ALL OTHERS						27
28	TELEMEDICINE						28
29	TOTAL	100	100	100	-589794	1598744	29
30	COST TO BE ALLOC (PER W/S H)					589794	30
31	UNIT COST MULTIPLIER					.368911	31







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		169933		169933			1
2 SKILLED NURSING CARE		1839528		1839528	100270	1939798	2
3 PHYSICAL THERAPY		885930		885930	48291	934221	3
4 OCCUPATIONAL THERAPY		163690		163690	8923	172613	4
5 SPEECH PATHOLOGY		21738		21738	1185	22923	5
6 MEDICAL SOCIAL SERVICES		53199		53199	2900	56099	6
7 HOME HEALTH AIDE		83782		83782	4567	88349	7
8 SUPPLIES		69667		69667	3797	73464	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		3287467		3287467	169933	3287467	20
21 UNIT COST MULTIPLIER					.054509		21



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINI- STRATION (FTE'S) NRSNG HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL					285				1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES								36009	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS					285			36009	20
21 TOTAL COST TO BE ALLOCATED					66445			4360	21
22 UNIT COST MULTIPLIER					233.140351				22
22 UNIT COST MULTIPLIER								.121081	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART II

HHA COST CENTER	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION EMS ASSIGNED TIME 24
1 ADMINISTRATIVE AND GENERAL		3943686						1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		3943686						20
21 TOTAL COST TO BE ALLOCATED		18977						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		.004812						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7568

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		1939798		1939798	10988	176.54	1
2	PHYSICAL THERAPY	3	934221		934221	7284	128.26	2
3	OCCUPATIONAL THERAPY	4	172613		172613	1390	124.18	3
4	SPEECH PATHOLOGY	5	22923		22923	406	56.46	4
5	MEDICAL SOCIAL SERV	6	56099		56099	400	140.25	5
6	HOME HEALTH AIDE SERV	7	88349		88349	1061	83.27	6
7	TOTAL		3214003		3214003	21529		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						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		73464		73464	83506	.879745	15
16	COST OF DRUGS	9						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			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7568

WORKSHEET H-7  
 PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	1	2	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1442280		549306		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			6982		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4832		111		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	29960		16761		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			1338		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	1477072		574498		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1477072		574498		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1477072		574498		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1477072		574498		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	1477072		574498		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1477072		574498		24
25 TOTAL INTERIM PAYMENTS	1477072		574498		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM					26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

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

HHA NO.: 14-7568

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1477072		574498	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1477072		574498	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO		NONE	NONE	5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO		NONE	NONE	5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER				6.01
	PROVIDER TO				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1477072		574498	7

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

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0231)	HOSPITAL (14-0231)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	4464492				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	222550				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0228				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.0503				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0731				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0149				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	66521				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	4753563				
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-EMS				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
27	CORONARY CARE UNIT				27
30	NEONATAL INTENSIVE CARE UNIT				30
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
37.01	SAME DAY SURGERY				37.01
37.02	ENDOSCOPY				37.02
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	ULTRASOUND				41.01
41.02	NUCLEAR MEDICINE				41.02
41.03	CT SCAN				41.03
41.04	MRI				41.04
41.06	SPECIAL PROCEDURES				41.06
41.07	IMAGING CENTER				41.07
42	RADIOLOGY-THERAPEUTIC				42
44	LABORATORY				44
46	WHOLE BLOOD & PACKED RED BLOOD				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
53.02	ENTEROSTOMAL THERAPY				53.02
53.03	EMG/NCV				53.03
53.04	CARDIAC REHAB				53.04
53.05	CARDIAC CATH LAB				53.05
53.07	NEUROSCIENCES				53.07
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
55.30	IMPL. DEV. CHARGED TO PATIENT				55.30
56	DRUGS CHARGED TO PATIENTS				56
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	URODYNAMICS				60.01
60.02	PLAINFIELD CLINIC				60.02
60.03	OSWEGO CLINIC				60.03
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PHYSICIANS CLINICS					98.01
98.03 YORKVILLE PHYSICIAN OFFICES					98.03
98.04 IRB					98.04
00 LINDEN OAKS HOSPITAL					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	38.91		4.10				43.01	25
26 INTENSIVE CARE UNIT	50.30		4.63				54.93	26
27 CORONARY CARE UNIT	57.15		2.68				59.83	27
33 NURSERY			9.85				9.85	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	20.63	4.65	1.14				26.42	37
37.01 SAME DAY SURGERY	9.43	11.90	0.78				22.11	37.01
37.02 ENDOSCOPY	11.34	18.50	0.67				30.51	37.02
38 RECOVERY ROOM	15.00	5.67	1.29				21.96	38
39 DELIVERY ROOM & LABOR ROOM	0.06		4.97				5.03	39
40 ANESTHESIOLOGY	13.10	6.78	1.63				21.51	40
41 RADIOLOGY-DIAGNOSTIC	10.78	11.08	0.82				22.68	41
41.01 ULTRASOUND	12.20	13.35	1.03				26.58	41.01
41.02 NUCLEAR MEDICINE	9.37	26.27	0.55				36.19	41.02
41.03 CT SCAN	13.95	15.56	1.16				30.67	41.03
41.04 MRI	15.66	14.07	1.75				31.48	41.04
41.06 SPECIAL PROCEDURES	41.02	13.08	1.88				55.98	41.06
41.07 IMAGING CENTER	0.17	16.65					16.82	41.07
42 RADIOLOGY-THERAPEUTIC	0.44	31.43	0.05				31.92	42
44 LABORATORY	19.38	2.70	1.68				23.76	44
46 WHOLE BLOOD & PACKED RED BLOOD	33.91	7.38	2.60				43.89	46
49 RESPIRATORY THERAPY	39.97	4.46	4.60				49.03	49
50 PHYSICAL THERAPY	26.46	0.03	1.01				27.50	50
52 SPEECH PATHOLOGY	37.06		1.92				38.98	52
53 ELECTROCARDIOLOGY	11.28	24.20	0.95				36.43	53
53.02 ENTEROSTOMAL THERAPY	18.47	50.57	1.10				70.14	53.02
53.03 EMG/NCV	3.22	18.79	0.70				22.71	53.03
53.04 CARDIAC REHAB	4.31	34.10	0.19				38.60	53.04
53.05 CARDIAC CATH LAB	29.63	15.97	0.86				46.46	53.05
54 ELECTROENCEPHALOGRAPHY	3.43	14.97	1.25				19.65	54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.79	2.64	3.39				41.82	55
56 DRUGS CHARGED TO PATIENTS	35.92	3.37	3.72				43.01	56
60 CLINIC	0.45	7.34					7.79	60
60.01 URODYNAMICS		18.33					18.33	60.01
60.02 PLAINFIELD CLINIC		0.34					0.34	60.02
61 EMERGENCY	13.90	9.46	2.15				25.51	61
62 OBSERVATION BEDS (NON-DISTINCT	8.29	32.79					41.08	62
101 TOTAL CHARGES	15.47	10.23	1.37				27.07	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	15961659	4.26	-15961659	-9.58		3
4	NEW CAP REL COSTS-MVBLE EQUIP	15823760	4.22	-15823760	-9.50		4
5	EMPLOYEE BENEFITS	16494430	4.40	-16494430	-9.90		5
6	ADMINISTRATIVE & GENERAL	83644869	22.32	-83644869	-50.20		6
7	MAINTENANCE & REPAIRS	4412961	1.18	-4412961	-2.65		7
8	OPERATION OF PLANT	4278785	1.14	-4278785	-2.57		8
9	LAUNDRY & LINEN SERVICE	1443462	.39	-1443462	-.87		9
10	HOUSEKEEPING	3590077	.96	-3590077	-2.15		10
11	DIETARY	1329341	.35	-1329341	-.80		11
12	CAFETERIA	2119300	.57	-2119300	-1.27		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3832255	1.02	-3832255	-2.30		14
15	CENTRAL SERVICES & SUPPLY	2929204	.78	-2929204	-1.76		15
16	PHARMACY	6002563	1.60	-6002563	-3.60		16
17	MEDICAL RECORDS & LIBRARY	4488770	1.20	-4488770	-2.69		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-EMS	279137	.07	-279137	-.17		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	29595519	7.90	37225923	22.34	66821442	17.83
26	INTENSIVE CARE UNIT	4568416	1.22	4383661	2.63	8952077	2.39
27	CORONARY CARE UNIT	3364487	.90	5405610	3.24	8770097	2.34
30	NEONATAL INTENSIVE CARE UNIT	4616172	1.23	3380613	2.03	7996785	2.13
33	NURSERY	2346246	.63	1702617	1.02	4048863	1.08
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	29119123	7.77	20052467	12.03	49171590	13.12
37.01	SAME DAY SURGERY	3674669	.98	3678209	2.21	7352878	1.96
37.02	ENDOSCOPY	2789723	.74	2620159	1.57	5409882	1.44
38	RECOVERY ROOM	1384443	.37	901020	.54	2285463	.61
39	DELIVERY ROOM & LABOR ROOM	6121832	1.63	6198274	3.72	12320106	3.29
40	ANESTHESIOLOGY	1551339	.41	1021266	.61	2572605	.69
41	RADIOLOGY-DIAGNOSTIC	5980626	1.60	4706451	2.82	10687077	2.85
41.01	ULTRASOUND	1784993	.48	1220005	.73	3004998	.80
41.02	NUCLEAR MEDICINE	1617865	.43	1272240	.76	2890105	.77
41.03	CT SCAN	2345936	.63	1625998	.98	3971934	1.06
41.04	MRI	1292889	.34	977621	.59	2270510	.61
41.06	SPECIAL PROCEDURES	1791367	.48	1068081	.64	2859448	.76
41.07	IMAGING CENTER	4836659	1.29	2351309	1.41	7187968	1.92
42	RADIOLOGY-THERAPEUTIC	22948373	6.12	14089016	8.46	37037389	9.88
44	LABORATORY	8620251	2.30	5698751	3.42	14319002	3.82
46	WHOLE BLOOD & PACKED RED BLOOD	3182512	.85	1654041	.99	4836553	1.29

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	3817890	1.02	2485377	1.49	6303267	1.68	49
50 PHYSICAL THERAPY	2640569	.70	1402707	.84	4043276	1.08	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	440860	.12	229681	.14	670541	.18	52
53 ELECTROCARDIOLOGY	6346239	1.69	4674605	2.81	11020844	2.94	53
53.02 ENTEROSTOMAL THERAPY	377195	.10	195094	.12	572289	.15	53.02
53.03 EMG/NCV	37636	.01	28358	.02	65994	.02	53.03
53.04 CARDIAC REHAB	898032	.24	799863	.48	1697895	.45	53.04
53.05 CARDIAC CATH LAB	15064050	4.02	7208203	4.33	22272253	5.94	53.05
53.07 NEUROSCIENCES							53.07
54 ELECTROENCEPHALOGRAPHY	1498122	.40	731392	.44	2229514	.59	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3571978	.95	1803971	1.08	5375949	1.43	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	8521387	2.27	5914686	3.55	14436073	3.85	56
60 CLINIC	1111567	.30	725452	.44	1837019	.49	60
60.01 URODYNAMICS	61969	.02	32926	.02	94895	.03	60.01
60.02 PLAINFIELD CLINIC	1804532	.48	1001632	.60	2806164	.75	60.02
60.03 OSWEGO CLINIC	804763	.21	513961	.31	1318724	.35	60.03
61 EMERGENCY	11201564	2.99	12351815	7.41	23553379	6.28	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2188538	.58	1098929	.66	3287467	.88	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	387906	.10	384936	.23	772842	.21	96
97 RESEARCH	2932		953		3885		97
98 PHYSICIANS' PRIVATE OFFICES	2810681	.75	1859890	1.12	4670571	1.25	98
98.01 PHYSICIANS CLINICS	754596	.20	695762	.42	1450358	.39	98.01
98.03 YORKVILLE PHYSICIAN OFFICES	159917	.04	51952	.03	211869	.06	98.03
98.04 IRB	90789	.02	45171	.03	135960	.04	98.04
100 LINDEN OAKS HOSPITAL			1159925	.70	1159925	.31	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	374757725	100.00	0	.00	374757725	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	4669973	135226604	.034534	27896559	963380	37
37.01 SAME DAY SURGERY	1000510	8558823	.116898	807312	94373	37.01
37.02 ENDOSCOPY	695173	31989547	.021731	3627545	78830	37.02
38 RECOVERY ROOM	79484	18143863	.004381	2722087	11925	38
39 DELIVERY ROOM & LABOR ROOM	1644289	22271136	.073830	13571	1002	39
40 ANESTHESIOLOGY	151332	25697968	.005889	3365427	19819	40
41 RADIOLOGY-DIAGNOSTIC	1160965	40602429	.028593	4378853	125205	41
41.01 ULTRASOUND	228830	20478268	.011174	2497822	27911	41.01
41.02 NUCLEAR MEDICINE	274411	11741508	.023371	1100032	25709	41.02
41.03 CT SCAN	246631	68801182	.003585	9600897	34419	41.03
41.04 MRI	219393	17703120	.012393	2771856	34352	41.04
41.06 SPECIAL PROCEDURES	178302	11859852	.015034	4864341	73131	41.06
41.07 IMAGING CENTER	228301	52717043	.004331	90287	391	41.07
42 RADIOLOGY-THERAPEUTIC	1224086	99551222	.012296	434282	5340	42
44 LABORATORY	1082010	131517663	.008227	25484360	209660	44
46 WHOLE BLOOD & PACKED RED BLOOD	245588	13699997	.017926	4645600	83277	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	439684	30559982	.014388	12214615	175744	49
50 PHYSICAL THERAPY	150871	11987286	.012586	3171783	39920	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	21977	1884602	.011661	698479	8145	52
53 ELECTROCARDIOLOGY	1500484	59836528	.025076	6749954	169262	53
53.02 ENTEROSTOMAL THERAPY	19510	799527	.024402	147641	3603	53.02
53.03 EMG/NCV	2445	1805987	.001354	58079	79	53.03
53.04 CARDIAC REHAB	206654	2444448	.084540	105259	8899	53.04
53.05 CARDIAC CATH LAB	1237722	80704886	.015336	23914843	366758	53.05
53.07 NEUROSCIENCES						53.07
54 ELECTROENCEPHALOGRAPHY	73628	7440610	.009895	255499	2528	54
55 MEDICAL SUPPLIES CHARGED TO PAT	204959	43835076	.004676	15690343	73368	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	482419	84080423	.005738	30201819	173298	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	140237	3187621	.043994	14241	627	60
60.01 URODYNAMICS	3188	514542	.006196			60.01
60.02 PLAINFIELD CLINIC	95259	9260398	.010287			60.02
60.03 OSWEGO CLINIC	46068	2231465	.020645			60.03
61 EMERGENCY	2511100	109815160	.022867	15262590	349010	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1229860	8325916	.147715	690438	101988	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	21695343	1169274682		203476414	3261953	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	10763764		10763764	71381	150.79	27772	4187740 25
26 INTENSIVE CARE UNIT	1005644		1005644	5614	179.13	2824	505863 26
27 CORONARY CARE UNIT	1903485		1903485	3991	476.94	2281	1087900 27
30 NEONATAL INTENSIVE CARE UNIT	590761		590761	2627	224.88		30
101 TOTAL	14263654		14263654			32877	5781503 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						5781503	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						3261953	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						9043456	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						7167	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						32877	
PER DISCHARGE CAPITAL COSTS						1261.82	
PER DIEM CAPITAL COSTS						275.07	

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)	70109791
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	256292490
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.274

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)	9043456
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	34878052
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	134578381
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.259