

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 CENTRAL DUPAGE HOSPITAL (14-0242) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	185935	194015	1
3	SWING BED - SNF	15768		2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	201703	194015	9
				100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 0 NORTH 025 WINFIELD ROAD
 1.01 CITY: WINFIELD STATE: IL

P.O.BOX:
 ZIP CODE: 60190

COUNTY: DUPAGE

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	CENTRAL DUPAGE HOSPITAL	14-0242	07/01/1966	N	P	O	2
3	SUBPROVIDER I	CENTRAL DUPAGE HOSPITAL PSYCH.	14-S242	07/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008	TO: 06/30/2009				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 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-I, CHAPTER 4?			NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES								38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO								38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO								38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO								38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO								38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	148052							40
40.01	NAME: CENTRAL DUPAGE HEALTH	FI/CONTRACTOR'S NAME:			FI/CONTRACTOR'S NUMBER:					40.01
40.02	STREET: 27 WEST 353 JEWELL ROAD				P.O.BOX:					40.02
40.03	CITY: WINFIELD				STATE: IL ZIP CODE: 60190					40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES								41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO								43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES								44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO								45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?									45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?									45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?									45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.									46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
		1	2	3	4	5				
47	HOSPITAL	N	N	N	N	N				47
48	SUBPROVIDER I	N	N	N	N	N				48
49	SKILLED NURSING FACILITY	N	N							49
50	HOME HEALTH AGENCY	N	N							50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.									53
53.01	MDH PERIOD: BEGINNING: ENDING:									53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3697697 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	FEEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?						NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.						NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)									58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)						NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO						60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	09/14/2009					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		7139	2183	21213	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		7139	2183	21213	12
13	RPCH VISITS					13
14	SUBPROVIDER I		174	86	800	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
26.01	OBSERVATION BED DAYS-Sub I					26.01
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	IN COL.3	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	169928158		169928158	5151286.00	32.99		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	143956		143956	1497.00	96.16	TB AND PAID HRS	4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2804063	-523370	2280693	88051.00	25.90	WP	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2472174		2472174	58379.53	42.35	SUM OF INVOICES	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1049836		1049836	6161.00	170.40	TIME ST AND A82	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	19333160		19333160	259283.70	74.56	HOME OFFICE CR	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	39194550	-559254	38635296			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS		526050	526050			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		33204	33204			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	330429	-94125	236304	11126.00	21.24		21
22 ADMINISTRATIVE & GENERAL	24572258	94125	24666383	303958.00	81.15		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	289931		289931	641.40	452.03		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1847468		1847468	62616.00	29.50		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	2573377		2573377	214035.00	12.02		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1704421	-1023724	680697	54733.00	12.44		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1023724	1023724	82306.00	12.44		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	3193471		3193471	72277.00	44.18		30
31 CENTRAL SERVICES AND SUPPLY	2008537		2008537	121820.00	16.49		31
32 PHARMACY	4941382		4941382	118753.00	41.61		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2958128		2958128	127911.00	23.13		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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	IN COL.3	5	
1 NET SALARIES	170218089		170218089	5151927.40	33.04	1
2 EXCLUDED AREA SALARIES	2804063	-523370	2280693	88051.00	25.90	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	167414026	523370	167937396	5063876.40	33.16	3
4 SUBTOTAL OTHER WAGES & REL COSTS	22855170		22855170	323824.23	70.58	4
5 SUBTOTAL WAGE-RELATED COSTS	39194550	-526050	38668500		23.03%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	229463746	-2680	229461066	5387700.63	42.59	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	44419402		44419402	1170176.40	37.96	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	24792704 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	24792704 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.269870 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	131598355 28
29	TOTAL GROSS MEDICAID COST	35514448 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	45867401 30
31	UNCOMPENSATED CARE COST	12378236 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	35514448 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		169566947	297199116	466766063	86069	466852132	-40258056	426594076	95
NONREIMBURSABLE COST CENTERS									
96.01	9601		219674	219674	-229	219445		219445	96.01
97	9700	345806	31686	377492	-82279	295213		295213	97
98.01	9801								98.01
99.01	9901								99.01
99.02	9902								99.02
99.04	9903								99.04
99.05	9904								99.05
99.07	9905		560353	560353		560353		560353	99.07
99.08	9906	15405	4873	20278	-3561	16717		16717	99.08
101	TOTAL	169928158	298015702	467943860		467943860	-40258056	427685804	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
			COST CENTER	LINE #		SALARY
2			2	3	4	5
1	BUILDING DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		16945572
2		A				
3		A				
4		A				
5		A				
6		A				
7		A				
8		A				
9		A				
10						
11	MED SUP SOLD	B	MEDICAL SUPPLIES CHARGED TO P	55		64503870
12		B				
13		B				
14		B				
15		B				
16		B				
17		B				
18		B				
19		B				
20		B				
21		B				
22		B				
23		B				
24		B				
25		B				
26		B				
27		B				
28		B				
29		B				
30		B				
31		B				
32		B				
33		B				
34		B				
35		B				
36	SUBTOTAL					81449442

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 BUILDING DEPRECIATION	A	ADMINISTRATION & GENERAL	6.60		16287773	9 1
2	A	OPERATION OF PLANT	8		613627	2
3	A	ADULTS & PEDIATRICS	25		23260	3
4	A	NURSERY	33		3639	4
5	A	OPERATING ROOM	37		67	5
6	A	RADIOLOGY-DIAGNOSTIC	41		2258	6
7	A	LABORATORY	44		2948	7
8	A	CLINIC	60		10092	8
9	A	ELECTROCARDIOLOGY	53		1908	9
10						10
11 MED SUP SOLD	B	CENTRAL SERVICES & SUPPLY	15		882162	11
12	B	PHARMACY	16		293408	12
13	B	MEDICAL RECORDS & LIBRARY	17		3091	13
14	B	ADULTS & PEDIATRICS	25		1501002	14
15	B	INTENSIVE CARE UNIT	26		549131	15
16	B	CORONARY CARE UNIT	27		418571	16
17	B	SUBPROVIDER I	31		7567	17
18	B	NURSERY	33		301504	18
19	B	OPERATING ROOM	37		37245398	19
20	B	RECOVERY ROOM	38		127041	20
21	B	DELIVERY ROOM & LABOR ROOM	39		493999	21
22	B	ANESTHESIOLOGY	40		1424189	22
23	B	RADIOLOGY-DIAGNOSTIC	41		271697	23
24	B	MRI	41.01		76097	24
25	B	CT SCAN	41.02		230367	25
26	B	RADIOLOGY-THERAPEUTIC	42		54331	26
27	B	RADIOISOTOPE	43		16985	27
28	B	LABORATORY	44		5730919	28
29	B	WHOLE BLOOD & PACKED RED BLOO	46		161185	29
30	B	RESPIRATORY THERAPY	49		232610	30
31	B	PHYSICAL THERAPY	50		79477	31
32	B	OCCUPATIONAL THERAPY	51		11515	32
33	B	SPEECH PATHOLOGY	52		8367	33
34	B	ELECTROCARDIOLOGY	53		12893180	34
35	B	ELECTROENCEPHALOGRAPHY	54		65642	35
36 SUBTOTAL					80025007	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1		
			COST CENTER 2	LINE # 3	SALARY 4		OTHER 5	
1		B				1		
2		B				2		
3		B				3		
4		B				4		
5		B				5		
6		B				6		
7		B				7		
8						8		
9						9		
10						10		
11						11		
12	SHARED COSTS	C	CAFETERIA	12	1023724	2148097	12	
13							13	
14	DRUGS SOLD TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		12696437	14	
15		D					15	
16		D					16	
17		D					17	
18		D					18	
19		D					19	
20							20	
21							21	
22							22	
23	CAPITAL RELATED INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		562882	23	
24							24	
25							25	
26	EQUIPMENT RENTAL	F	NEW CAP REL COSTS-MVBLE EQUIP	4		23780120	26	
27		F					27	
28		F					28	
29		F					29	
30		F					30	
31		F					31	
32		F					32	
33		F					33	
34		F					34	
35		F					35	
36	SUBTOTAL				1023724		120636978	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	B	CARDIAC REHAB	58.01		6692	1
2	B	PAIN MANAGEMENT	58.04		47836	2
3	B	CLINIC	60		240288	3
4	B	PATIENT TREATMENT CENTER	60.01		187078	4
5	B	REHAB SERVICES-BLOOMINGDALE	60.02		2706	5
6	B	WOMEN'S CLINIC	60.05		2910	6
7	B	EMERGENCY	61		936925	7
8						8
9						9
10						10
11						11
12 SHARED COSTS	C	DIETARY	11	1023724	2148097	12
13						13
14 DRUGS SOLD TO PATIENTS	D	PHARMACY	16		12684955	14
15	D	ADULTS & PEDIATRICS	25		11335	15
16	D	INTENSIVE CARE UNIT	26		71	16
17	D	CORONARY CARE UNIT	27		19	17
18	D	SUBPROVIDER I	31		57	18
19	D					19
20						20
21						21
22						22
23 CAPITAL RELATED INSURANCE	E	ADMINISTRATION & GENERAL	6.60		562882	12
24						24
25						25
26 EQUIPMENT RENTAL	F	NON PATIENT TELEPHONES	6.10		174090	10
27	F	PURCHASING AND STORES	6.30		17334	27
28	F	ADMITTING	6.40		47847	28
29	F	ACCOUNTS RECEIVABLE AND CASHI	6.50		80427	29
30	F	ADMINISTRATION & GENERAL	6.60		7716571	30
31	F	OPERATION OF PLANT	8		565681	31
32	F	LAUNDRY & LINEN SERVICE	9		7654	32
33	F	HOUSEKEEPING	10		33290	33
34	F	DIETARY	11		125664	34
35	F	NURSING ADMINISTRATION	14		851052	35
36 SUBTOTAL				1023724	106476468	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1	F				1	
2	F				2	
3	F				3	
4	F				4	
5	F				5	
6	F				6	
7	F				7	
8	F				8	
9	F				9	
10	F				10	
11	F				11	
12	F				12	
13	F				13	
14	F				14	
15	F				15	
16	F				16	
17	F				17	
18	F				18	
19	F				19	
20	F				20	
21	F				21	
22	F				22	
23	F				23	
24	F				24	
25	F				25	
26	F				26	
27	F				27	
28	F				28	
29	F				29	
30	F				30	
31	F				31	
32	F				32	
33	F				33	
34	F				34	
35 BHS ADMINISTRATION	G	ADULTS & PEDIATRICS	25	123315	38813	35
36 SUBTOTAL				1147039	120675791	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	F	CENTRAL SERVICES & SUPPLY	15		345982	1
2	F	PHARMACY	16		444058	2
3	F	MEDICAL RECORDS & LIBRARY	17		519154	3
4	F	ADULTS & PEDIATRICS	25		567964	4
5	F	INTENSIVE CARE UNIT	26		252299	5
6	F	CORONARY CARE UNIT	27		58644	6
7	F	SUBPROVIDER I	31		49548	7
8	F	NURSERY	33		112663	8
9	F	OPERATING ROOM	37		3362258	9
10	F	RECOVERY ROOM	38		205520	10
11	F	DELIVERY ROOM & LABOR ROOM	39		400963	11
12	F	ANESTHESIOLOGY	40		173039	12
13	F	RADIOLOGY-DIAGNOSTIC	41		1427970	13
14	F	MRI	41.01		828086	14
15	F	CT SCAN	41.02		613634	15
16	F	RADIOLOGY-THERAPEUTIC	42		27270	16
17	F	RADIOISOTOPE	43		65752	17
18	F	LABORATORY	44		1034545	18
19	F	WHOLE BLOOD & PACKED RED BLOO	46		8237	19
20	F	RESPIRATORY THERAPY	49		112079	20
21	F	PHYSICAL THERAPY	50		102616	21
22	F	OCCUPATIONAL THERAPY	51		3359	22
23	F	SPEECH PATHOLOGY	52		3316	23
24	F	ELECTROCARDIOLOGY	53		1992881	24
25	F	ELECTROENCEPHALOGRAPHY	54		137255	25
26	F	CARDIAC REHAB	58.01		10348	26
27	F	CLINIC	60		715788	27
28	F	PATIENT TREATMENT CENTER	60.01		36132	28
29	F	REHAB SERVICES-BLOOMINGDALE	60.02		5302	29
30	F	MENTAL HEALTH O/P	60.04		257	30
31	F	KOFEE KORNER	96.01		229	31
32	F	EMERGENCY	61		541790	32
33	F	RESEARCH	97		1572	33
34						34
35	G	SUBPROVIDER I	31	523370	191188	35
36		SUBTOTAL		1547094	120828166	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1	G	MENTAL HEALTH O/P	60.04	400055	152375	1
2						2
3						3
4						4
5 EQUIPMENT DEPRECIATION	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2549668	5
6	J					6
7	J					7
8	J					8
9	J					9
10	J					10
11	J					11
12	J					12
13	J					13
14	J					14
15	J					15
16	J					16
17	J					17
18	J					18
19	J					19
20	J					20
21	J					21
22	J					22
23	J					23
24	J					24
25	J					25
26	J					26
27	J					27
28	J					28
29	J					29
30	J					30
31	J					31
32	J					32
33	J					33
34	J					34
35	J					35
36 SUBTOTAL				1547094	123377834	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G					1
2						2
3						3
4						4
5 EQUIPMENT DEPRECIATION	J	NON PATIENT TELEPHONES	6.10		50269	9 5
6	J	PURCHASING AND STORES	6.30		1605685	6
7	J	ADMITTING	6.40		729	7
8	J					8
9	J	ADMINISTRATION & GENERAL	6.60		30291	9
10	J	OPERATION OF PLANT	8		2933	10
11	J					11
12	J	HOUSEKEEPING	10		10818	12
13	J	DIETARY	11		2073	13
14	J	NURSING ADMINISTRATION	14		1790	14
15	J	CENTRAL SERVICES & SUPPLY	15		618	15
16	J	PHARMACY	16		398	16
17	J	MEDICAL RECORDS & LIBRARY	17		204	17
18	J	ADULTS & PEDIATRICS	25		215103	18
19	J	INTENSIVE CARE UNIT	26		24712	19
20	J	CORONARY CARE UNIT	27		10243	20
21	J	SUBPROVIDER I	31		191	21
22	J	NURSERY	33		2966	22
23	J	OPERATING ROOM	37		287717	23
24	J	RECOVERY ROOM	38		102	24
25	J	DELIVERY ROOM & LABOR ROOM	39		525	25
26	J	ANESTHESIOLOGY	40		3031	26
27	J	RADIOLOGY-DIAGNOSTIC	41		3158	27
28	J	MRI	41.01		254	28
29	J					29
30	J	RADIOLOGY-THERAPEUTIC	42		27301	30
31	J	RADIOISOTOPE	43		669	31
32	J	LABORATORY	44		15985	32
33	J					33
34	J	RESPIRATORY THERAPY	49		130617	34
35	J	PHYSICAL THERAPY	50		1481	35
36 SUBTOTAL				1547094	123258029	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14					14
15 ALLOCATED BENEFITS	L	EMPLOYEE BENEFITS	5		39561634 15
16	L				16
17	L				17
18	L				18
19	L				19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L				27
28	L				28
29	L				29
30	L				30
31	L				31
32	L				32
33	L				33
34	L				34
35	L				35
36 SUBTOTAL				1547094	162939468 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	J	OCCUPATIONAL THERAPY	51		321	1
2	J	SPEECH PATHOLOGY	52		288	2
3	J	ELECTROCARDIOLOGY	53		74327	3
4	J	ELECTROENCEPHALOGRAPHY	54		5056	4
5	J	CARDIAC REHAB	58.01		51	5
6	J	CLINIC	60		38181	6
7	J	PATIENT TREATMENT CENTER	60.01		365	7
8	J					8
9	J					9
10	J	MENTAL HEALTH O/P	60.04		373	10
11	J	WOMEN'S CLINIC	60.05		137	11
12	J	EMERGENCY	61		707	12
13	J					13
14						14
15	L	EMPLOYEE BENEFITS	5		54992	15
16	L	ADMINISTRATION & GENERAL	6.60		4431387	16
17	L	NON PATIENT TELEPHONES	6.10		168932	17
18	L	PURCHASING AND STORES	6.30		189108	18
19	L	ADMITTING	6.40		439934	19
20	L	ACCOUNTS RECEIVABLE AND CASHI	6.50		494530	20
21	L	OPERATION OF PLANT	8		430439	21
22	L	HOUSEKEEPING	10		599371	22
23	L	DIETARY	11		397207	23
24	L	NURSING ADMINISTRATION	14		743775	24
25	L	CENTRAL SERVICES & SUPPLY	15		467628	25
26	L	PHARMACY	16		1151266	26
27	L	MEDICAL RECORDS & LIBRARY	17		689177	27
28	L	ADULTS & PEDIATRICS	25		7035781	28
29	L	INTENSIVE CARE UNIT	26		1523944	29
30	L	CORONARY CARE UNIT	27		897276	30
31	L	SUBPROVIDER I	31		568908	31
32	L	NURSERY	33		920222	32
33	L	OPERATING ROOM	37		2603998	33
34	L	RECOVERY ROOM	38		655154	34
35	L	DELIVERY ROOM & LABOR ROOM	39		1222083	35
36		SUBTOTAL		1547094	149062947	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	L				1
2	L				2
3	L				3
4	L				4
5	L				5
6	L				6
7	L				7
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13	L				13
14	L				14
15	L				15
16	L				16
17	L				17
18	L				18
19	L				19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25					25
26 OP CHEM DEPENDENCY	M	MENTAL HEALTH O/P	60.04	890372	423716
27					27
28 UNALLOCATED PTO	N	ADMINISTRATION & GENERAL	6.60	94125	
29					29
30 NURSERY	P	NURSERY	33	1263771	529733
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				3795362	163892917

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		L	ANESTHESIOLOGY	40		41936	1
2		L	RADIOLOGY-DIAGNOSTIC	41		1571815	2
3		L	MRI	41.01		196230	3
4		L	CT SCAN	41.02		301466	4
5		L	RADIOLOGY-THERAPEUTIC	42		168536	5
6		L	RADIOISOTOPE	43		112357	6
7		L	LABORATORY	44		2770952	7
8		L	WHOLE BLOOD & PACKED RED BLOO	46		140842	8
9		L	RESPIRATORY THERAPY	49		633394	9
10		L	PHYSICAL THERAPY	50		519455	10
11		L	OCCUPATIONAL THERAPY	51		136095	11
12		L	SPEECH PATHOLOGY	52		131347	12
13		L	ELECTROCARDIOLOGY	53		1836488	13
14		L	ELECTROENCEPHALOGRAPHY	54		216011	14
15		L	CARDIAC REHAB	58.01		88224	15
16		L	PAIN MANAGEMENT	58.04		61322	16
17		L	CLINIC	60		2705278	17
18		L	PATIENT TREATMENT CENTER	60.01		283663	18
19		L	REHAB SERVICES-BLOOMINGDALE	60.02		104445	19
20		L	MENTAL HEALTH O/P	60.04		97324	20
21		L	WOMEN'S CLINIC	60.05		79125	21
22		L	EMERGENCY	61		1595948	22
23		L	RESEARCH	97		80707	23
24		L	PARKINSONS CENTER	99.08		3561	24
25							25
26	OP CHEM DEPENDENCY	M	ADULTS & PEDIATRICS	25	890372	423716	26
27							27
28	UNALLOCATED PTO	N	EMPLOYEE BENEFITS	5	94125		28
29							29
30	NURSERY	P	ADULTS & PEDIATRICS	25	1263771	529733	30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3795362	163892917	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	1180202	14543		14543		1194745		1
2 LAND IMPROVEMENTS	25297636				1024008	24273628		2
3 BUILDINGS AND FIXTURES	287719623	61533517		61533517		349253140		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	40259509	4960159		4960159		45219668		5
6 MOVABLE EQUIPMENT	240101709				2516779	237584930		6
7 SUBTOTAL	594558679	66508219		66508219	3540787	657526111		7
8 RECONCILING ITEMS								8
9 TOTAL	594558679	66508219		66508219	3540787	657526111		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	419941181		419941181	.638668				3
4 NEW CAP REL COSTS-MVBLE EQUIP	237584930		237584930	.361332				4
5 TOTAL	657526111		657526111	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	16945572			562882			17508454 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4632467	23780120					28412587 4
5 TOTAL	21578039	23780120		562882			45921041 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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER				5	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-10032	PURCHASING AND STORES	6.30	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-315250	NON PATIENT TELEPHONES	6.10	9
10 TELEVISION AND RADIO SERVICE	A	-21594	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-20932004			12
13 SALE OF SCRAP, WASTE, ETC.	B	-5383	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-4380556			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2026956	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-18378	ADULTS & PEDIATRICS	25	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2975	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-22722	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 CABLE TV	A	-1085	SUBPROVIDER I	31	36
37.01 CABLE TV	A	-197	CLINIC	60	37
37.02 CABLE TV	A	-1140	LABORATORY	44	37.02
38 OTHER	B	-318358	SUBPROVIDER I	31	38
38.01 OTHER INCOME	B	-150	EMERGENCY	61	38.01
39 OTHER	B	-147748	ADULTS & PEDIATRICS	25	39
40 OTHER INCOME	B	-8674	PATIENT TREATMENT CENTER	60.01	40
40.01 OTHER INCOME	B	-1845730	RADIOLOGY-DIAGNOSTIC	41	40.01
40.02 OTHER INCOME	B	-148875	ELECTROCARDIOLOGY	53	40.02
41 OTHER	B	-76440	DELIVERY ROOM & LABOR ROOM	39	41
41.01 OTHER INCOME	B	-5683850	LABORATORY	44	41.01
41.02 OTHER INCOME	B	-8862	DIETARY	11	41.02
41.03 OTHER INCOME	B	-10464	MEDICAL RECORDS & LIBRARY	17	41.03
41.04 OTHER INCOME	B	-15	ADMINISTRATION & GENERAL	6.60	41.04
42 CHARITABLE CONTRIBUTIONS	A	-1958449	ADMINISTRATION & GENERAL	6.60	42
42.02 CHARITABLE CONTRIBUTIONS	A	-7197	EMERGENCY	61	42.02
42.03 CHARITABLE CONTRIBUTIONS	A	-50000	RADIOLOGY-THERAPEUTIC	42	42.03
42.04 CHARITABLE CONTRIBUTIONS	A	-25000	LABORATORY	44	42.04
43 REAL ESTATE TAXES	A	-7888	ADMINISTRATION & GENERAL	6.60	43
44 CARDIAC REHAB MISC REV	B	-9585	CARDIAC REHAB	58.01	44
45 OUTSIDE SERVICES	B	-5257	RADIOLOGY-DIAGNOSTIC	41	45
45.05 OUTSIDE SERVICE	B	-1139	OCCUPATIONAL THERAPY	51	45.05
45.06 OUTSIDE SERVICES	B	-50	CLINIC	60	45.06
45.07 OUTSIDE SERVICES EAP/BHS ADMIN	B	-135960	SUBPROVIDER I	31	45.07
45.08 OUTSIDE SERVICES	B	-510	REHAB SERVICES-BLOOMINGDALE	60.02	45.08
45.09 OUTSIDE BHS ADMIN	B	-50628	MENTAL HEALTH O/P	60.04	45.09
45.10 ALCOHOLIC BEVERAGES	A	-2000	ADMINISTRATION & GENERAL	6.60	45.10
45.20 OTHER DIETARY	B	-235612	DIETARY	11	45.20
45.21 PT EDUCATION REVENUE	B	-19361	NURSING ADMINISTRATION	14	45.21
45.23 EMS TUITION	B	-69469	EMERGENCY	61	45.23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER	LINE NO.	WKST A-7	REF
	1	2	3	4	5	
46 ASSOCIATION LOBBYING COST	A	-46832	ADMINISTRATION & GENERAL	6.60		46
47 SITTERS	A	-8054	ADULTS & PEDIATRICS	25		47
47.02 PHY BILLING COST	A	-192293	ACCOUNTS RECEIVABLE AND CASHIER	6.50		47.02
48 PHYSICIAN RECRUITMENT	A	-1561	ADULTS & PEDIATRICS	25		48
49						49
49.01 DEPR ON MME<5K 2004 ADDNS	A	-267359	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.01
49.02 DEPR ON MME<5K 2005 ADDNS	A	-202428	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.02
49.03 DEPR ON MME <5K 2006	A	-85138	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.03
49.04 REAL ESTATE TAXES	A	-7888	ADMINISTRATION & GENERAL	6.60		49.04
49.10 REVERSE LOSS ON FIXED ASSETS	A	-34729	ADMINISTRATION & GENERAL	6.60		49.10
49.11 DUES	B	-30538	ADMINISTRATION & GENERAL	6.60		49.11
49.12 SALE OF SCRAP	B	-310	CLINIC	60		49.12
49.13 SALE OF MEDICAL RECORDS	B	-25	ADMINISTRATION & GENERAL	6.60		49.13
49.14 INSTYMED REVENUE	B	-368007	CLINIC	60		49.14
49.15 RENTAL INCOME	B	-325770	CLINIC	60		49.15
49.16 RENTAL INCOME	B	-33260	SUBPROVIDER I	31		49.16
49.17 RECOVERY LIVING	B	-88316	SUBPROVIDER I	31		49.17
50 TOTAL		-40258056				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	4	NEW CAP REL COSTS-MVBLE EQUIP	2670155		2670155	9 1
2	6.60	ADMINISTRATION & GENERAL	35029403	42189590	-7160187	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	157649	190080	-32431	9 3
4	6.60	ADMINISTRATION & GENERAL	141907		141907	4
5		TOTALS	37999114	42379670	-4380556	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	A C D H S	100.00				1
2	A CENTRAL DUPAGE PHY GRP	100.00				2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	61 EMERGENCY	AGGREGATE	482321	468621	13700	177200	69	5878	294
2	25 ADULTS & PEDIATRICS	AGGREGATE	3369762	3205011	164751	140600	1318	89092	4455
3	14 NURSING ADMINISTRATION	AGGREGATE	249000	249000					
4	26 INTENSIVE CARE UNIT	AGGREGATE	310043	152146	157897	165600	1000	79615	3981
5	31 SUBPROVIDER I	AGGREGATE	266912	266912					
6	37 OPERATING ROOM	AGGREGATE	478549	182879	295670	208000	1376	137600	6880
7	39 DELIVERY ROOM & LABOR RO	AGGREGATE	1219465	1219465					
8	40 ANESTHESIOLOGY	AGGREGATE	120000		120000	200300	880	84742	4237
9	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE	3765532	3765532					
10	41.02 CT SCAN	AGGREGATE	4331854	4331854					
11	41.01 MRI	AGGREGATE	1659767	1659767					
12	43 RADIOISOTOPE	AGGREGATE	601667	585824	15843	225300	73	7907	395
13	44 LABORATORY	AGGREGATE	385758	385758					
14	49 RESPIRATORY THERAPY	AGGREGATE	17351	11351	6000	165600	120	9554	478
15	53 ELECTROCARDIOLOGY	AGGREGATE	1611840	1412946	198894	177200	741	63128	3156
16	54 ELECTROENCEPHALOGRAPHY	AGGREGATE	11650		11650	177200	130	11075	554
17	58.01 CARDIAC REHAB	AGGREGATE	6525	6525					
18	58.03 INPATIENT DIALYSIS	AGGREGATE	610047	610047					
19	60 CLINIC	AGGREGATE	1095319	1095319					
20	60.04 MENTAL HEALTH O/P	AGGREGATE	33979	33979					
21	6.60 ADMINISTRATION & GENERAL	AGGREGATE	340829	284398	56431	177200	394	33566	1678
22	42 RADIOLOGY-THERAPEUTIC	AGGREGATE	470791	461791	9000	165600	60	4777	239
23	25 ADULTS & PEDIATRICS	AGGREGATE	143956		143956	177200	1497	127533	6377
101	TOTAL		21582917	20389125	1193792		7658	654467	32724

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	61	EMERGENCY	AGGREGATE				5878	7822	476443
2	25	ADULTS & PEDIATRICS	AGGREGATE				89092	75659	3280670
3	14	NURSING ADMINISTRATION	AGGREGATE						249000
4	26	INTENSIVE CARE UNIT	AGGREGATE				79615	78282	230428
5	31	SUBPROVIDER I	AGGREGATE						266912
6	37	OPERATING ROOM	AGGREGATE				137600	158070	340949
7	39	DELIVERY ROOM & LABOR RO	AGGREGATE						1219465
8	40	ANESTHESIOLOGY	AGGREGATE				84742	35258	35258
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						3765532
10	41.02	CT SCAN	AGGREGATE						4331854
11	41.01	MRI	AGGREGATE						1659767
12	43	RADIOISOTOPE	AGGREGATE				7907	7936	593760
13	44	LABORATORY	AGGREGATE						385758
14	49	RESPIRATORY THERAPY	AGGREGATE				9554		11351
15	53	ELECTROCARDIOLOGY	AGGREGATE				63128	135766	1548712
16	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				11075	575	575
17	58.01	CARDIAC REHAB	AGGREGATE						6525
18	58.03	INPATIENT DIALYSIS	AGGREGATE						610047
19	60	CLINIC	AGGREGATE						1095319
20	60.04	MENTAL HEALTH O/P	AGGREGATE						33979
21	6.60	ADMINISTRATION & GENERAL	AGGREGATE				33566	22865	307263
22	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				4777	4223	466014
23	25	ADULTS & PEDIATRICS	AGGREGATE				127533	16423	16423
101		TOTAL					654467	542879	20932004

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE & CASHIERS	
	0	3	4	5	6.10	6.30	6.40	6.50	
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	426594076	17454771	28325470	39750416	3159457	2463094	2692675	5519972	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	219445					66			96.01
97 RESEARCH	295213			64467		271			97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE		53683	87117						99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	560353								99.07
99.08 PARKINSONS CENTER	16717					46			99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	427685804	17508454	28412587	39814883	3159457	2463477	2692675	5519972	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5A	6.60	8	9	10	11	12	14	
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	426388426	78081513	43902477	1265527	9697415	7631013	1678559	6827962	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	219511	49250							96.01
97 RESEARCH	359951	80759					4007		97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE	140800	31590	230224		54203	45817			99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	560353	125722							99.07
99.08 PARKINSONS CENTER	16763	3761					162		99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	427685804	78372595	44132701	1265527	9751618	7676830	1682728	6827962	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
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	9165299	8736385	7008262	425762931		425762931	95
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER				268761		268761	96.01
97 RESEARCH				444717		444717	97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE				502634		502634	99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE				686075		686075	99.07
99.08 PARKINSONS CENTER				20686		20686	99.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	9165299	8736385	7008262	427685804		427685804	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	NON	PURCHASING	ADMITTING	ACCOUNTS
	CAP-REL	REL COSTS	REL COSTS	COST TO	PATIENT	AND		RECEIVABLE
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC	TELEPHONES	STORES		& CASHIERS
	0	3	4	4A	6.10	6.30	6.40	6.50
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		17454771	28325470	45780241	1294261	282740	97822	71149 95
NONREIMBURSABLE COST CENTERS								
96.01 KOFEE KORNER						8		96.01
97 RESEARCH						31		97
98.01 WSKF								98.01
99.01 DEVELOPMENT								99.01
99.02 MARKETING								99.02
99.04 PHYSICIAN ANSWERING SERVICE		53683	87117	140800				99.04
99.05 CAR SEAT SAFETY PROGRAM								99.05
99.07 JOINT VENTURE								99.07
99.08 PARKINSONS CENTER						5		99.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		17508454	28412587	45921041	1294261	282784	97822	71149 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMIN AND GENERAL 6.60	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
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	1702593	15905465	516502	2166349	2939022	6706	630219	1632253	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	1074								96.01
97 RESEARCH	1761					16			97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE	689	83408		12109	17646				99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	2741								99.07
99.08 PARKINSONS CENTER	82					1			99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1708940	15988873	516502	2178458	2956668	6723	630219	1632253	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.10 NON PATIENT TELEPHONES						6.10
6.30 PURCHASING AND STORES						6.30
6.40 ADMITTING						6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER						6.50
6.60 ADMINISTRATION & GENERAL						6.60
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY	477421					16
17 MEDICAL RECORDS & LIBRARY		1044955				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	383	92338	11948571		11948571	25
26 INTENSIVE CARE UNIT	2	15789	1185910		1185910	26
27 CORONARY CARE UNIT	1	11231	1256298		1256298	27
31 SUBPROVIDER I	2	8005	1317020		1317020	31
33 NURSERY		11787	706972		706972	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1498	60724	6291642		6291642	37
38 RECOVERY ROOM	38	9646	577087		577087	38
39 DELIVERY ROOM & LABOR ROOM	118	18482	2695353		2695353	39
40 ANESTHESIOLOGY	9634	3968	41210		41210	40
41 RADIOLOGY-DIAGNOSTIC	2423	41762	2994283		2994283	41
41.01 MRI	5942	23819	343990		343990	41.01
41.02 CT SCAN	10751	65016	530134		530134	41.02
42 RADIOLOGY-THERAPEUTIC		324	35645		35645	42
43 RADIOISOTOPE	82	12742	196094		196094	43
44 LABORATORY	386	108835	2361621		2361621	44
46 WHOLE BLOOD & PACKED RED BLOOD		9522	168875		168875	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	25	16118	458399		458399	49
50 PHYSICAL THERAPY	65	7595	1103078		1103078	50
51 OCCUPATIONAL THERAPY		2767	19095		19095	51
52 SPEECH PATHOLOGY		2110	9215		9215	52
53 ELECTROCARDIOLOGY	3777	65773	2072201		2072201	53
54 ELECTROENCEPHALOGRAPHY	2	7181	577562		577562	54
55 MEDICAL SUPPLIES CHARGED TO PAT		242996	2239046		2239046	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	423796	102672	609191		609191	56
58.01 CARDIAC REHAB	5	1082	4456		4456	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS		2500	18629		18629	58.03
58.04 PAIN MANAGEMENT		1830	293062		293062	58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	17649	23740	139131		139131	60
60.01 PATIENT TREATMENT CENTER	295	3814	555456		555456	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		1950	5319		5319	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P		4696	2773206		2773206	60.04
60.05 WOMEN'S CLINIC		25	21091		21091	60.05
61 EMERGENCY	547	64116	2111828		2111828	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 NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
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	477421	1044955	45660670		45660670	95
NONREIMBURSABLE COST CENTERS						
96.01 KOFEE KORNER			1082		1082	96.01
97 RESEARCH			1808		1808	97
98.01 WSKF						98.01
99.01 DEVELOPMENT						99.01
99.02 MARKETING						99.02
99.04 PHYSICIAN ANSWERING SERVICE			254652		254652	99.04
99.05 CAR SEAT SAFETY PROGRAM						99.05
99.07 JOINT VENTURE			2741		2741	99.07
99.08 PARKINSONS CENTER			88		88	99.08
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	477421	1044955	45921041		45921041	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	PURCHASING		ACCOUNTS
	REL COSTS	REL COSTS	BENEFITS	PATIENT	AND	ADMITTING	RECEIVABLE
	BLDG&FIXT	MOV EQUIP	GROSS	TELEPHONES	STORES	GROSS	& CASHIERS
	(SQUARE	(SQUARE	SALARIES	(NONPT	(SUPPLIES	GROSS	GROSS
	FEET)	FEET)	5	PHONES)	EXPENSE)	REVENUE	REVENUE
	3	4		6.10	6.30	6.40	6.50
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	659718	659718	156271852	1341	70735646	1367252679	1367252679
NONREIMBURSABLE COST CENTERS							95
96.01 KOFEE KORNER					1890		96.01
97 RESEARCH			253442		7783		97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE	2029	2029					99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE							99.07
99.08 PARKINSONS CENTER					1312		99.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	17508454	28412587	39814883	3159457	2463477	2692675	5519972
104 UNIT COST MULT-WS B PT I		42.935725		2356.045488		.001969	104
104 UNIT COST MULT-WS B PT I	26.457927		.254367		.034821		.004037
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				1294261	282784	97822	71149
108 UNIT COST MULT-WS B PT III				965.146160		.000072	108
108 UNIT COST MULT-WS B PT III					.003997		.000052

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (SQUARE FEET)	DIETARY (SQUARE FEET)	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	6A.60	6.60	8	9	10	11	12	14	
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	-78372595	348015831	386920	2770642	363007	337941	197290	125845	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER		219511							96.01
97 RESEARCH		359951					471		97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE		140800	2029		2029	2029			99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE		560353							99.07
99.08 PARKINSONS CENTER		16763					19		99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		78372595	44132701	1265527	9751618	7676830	1682728	6827962	103
104 UNIT COST MULT-WS B PT I			113.466550		26.714127		8.508080		104
104 UNIT COST MULT-WS B PT I		.224362		.456763		22.580904		54.256919	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		1708940	15988873	516502	2178458	2956668	6723	630219	107
108 UNIT COST MULT-WS B PT III			41.107891		5.967789		.033992		108
108 UNIT COST MULT-WS B PT III		.004892		.186420		8.696850		5.007899	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.10				6.10
6.30				6.30
6.40				6.40
6.50				6.50
6.60				6.60
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15	10000			15
16		14290080		16
17			1367252679	17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25		11478	120860922	25
26		71	20665702	26
27		19	14700437	27
31		57	10477660	31
33			15428546	33
ANCILLARY SERVICE COST CENTERS				
37		44853	79481670	37
38		1145	12625664	38
39		3519	24191040	39
40		288352	5193997	40
41		72526	54662107	41
41.01		177851	31176287	41.01
41.02		321805	85099872	41.02
42		12	424732	42
43		2461	16678315	43
44		11540	142453651	44
46			12462717	46
46.30				46.30
49		737	21097338	49
50		1952	9941025	50
51			3621122	51
52			2761866	52
53		113050	86090244	53
54		65	9399116	54
55	10000		317567483	55
55.30				55.30
56		12684992	134387873	56
58.01		135	1416537	58.01
58.02				58.02
58.03			3272393	58.03
58.04			2395322	58.04
OUTPATIENT SERVICE COST CENTERS				
60		528264	31073405	60
60.01		8817	4992171	60.01
60.02			2552796	60.02
60.03				60.03
60.04			6146850	60.04
60.05			32429	60.05
61		16379	83921390	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
69.20 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	10000	14290080	1367252679	95
NONREIMBURSABLE COST CENTERS				
96.01 KOFEE KORNER				96.01
97 RESEARCH				97
98.01 WSKF				98.01
99.01 DEVELOPMENT				99.01
99.02 MARKETING				99.02
99.04 PHYSICIAN ANSWERING SERVICE				99.04
99.05 CAR SEAT SAFETY PROGRAM				99.05
99.07 JOINT VENTURE				99.07
99.08 PARKINSONS CENTER				99.08
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	9165299	8736385	7008262	103
104 UNIT COST MULT-WS B PT I	916.529900		.005126	104
104 UNIT COST MULT-WS B PT I		.611360		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	1632253	477421	1044955	107
108 UNIT COST MULT-WS B PT III	163.225300		.000764	108
108 UNIT COST MULT-WS B PT III		.033409		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	73458592		73458592	92082	73550674	25
26 INTENSIVE CARE UNIT	13363677		13363677	78282	13441959	26
27 CORONARY CARE UNIT	8908667		8908667		8908667	27
31 SUBPROVIDER I	5029387		5029387		5029387	31
33 NURSERY	10178109		10178109		10178109	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	33020402		33020402	158070	33178472	37
38 RECOVERY ROOM	5918394		5918394		5918394	38
39 DELIVERY ROOM & LABOR ROOM	14372783		14372783		14372783	39
40 ANESTHESIOLOGY	1065345		1065345	35258	1100603	40
41 RADIOLOGY-DIAGNOSTIC	16138683		16138683		16138683	41
41.01 MRI	2775577		2775577		2775577	41.01
41.02 CT SCAN	4516552		4516552		4516552	41.02
42 RADIOLOGY-THERAPEUTIC	2715931		2715931	4223	2720154	42
43 RADIOISOTOPE	2089429		2089429	7936	2097365	43
44 LABORATORY	23774382		23774382		23774382	44
46 WHOLE BLOOD & PACKED RED BL	4474824		4474824		4474824	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5588803		5588803		5588803	49
50 PHYSICAL THERAPY	5991540		5991540		5991540	50
51 OCCUPATIONAL THERAPY	969100		969100		969100	51
52 SPEECH PATHOLOGY	891190		891190		891190	52
53 ELECTROCARDIOLOGY	18444277		18444277	135766	18580043	53
54 ELECTROENCEPHALOGRAPHY	2895711		2895711	575	2896286	54
55 MEDICAL SUPPLIES CHARGED TO	92105322		92105322		92105322	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	24977225		24977225		24977225	56
58.01 CARDIAC REHAB	776145		776145		776145	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	87018		87018		87018	58.03
58.04 PAIN MANAGEMENT	1048597		1048597		1048597	58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	20689041		20689041		20689041	60
60.01 PATIENT TREATMENT CENTER	3283700		3283700		3283700	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	774106		774106		774106	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	8721317		8721317		8721317	60.04
60.05 WOMEN'S CLINIC	596279		596279		596279	60.05
61 EMERGENCY	16122826		16122826	7822	16130648	61
62 OBSERVATION BEDS (NON-DISTI	4077449		4077449		4077449	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	429840380		429840380	520014	430360394	101
102 LESS OBSERVATION BEDS	4077449		4077449		4077449	102
103 TOTAL	425762931		425762931	520014	426282945	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	128990363		128990363			25
26 INTENSIVE CARE UNIT	23462892		23462892			26
27 CORONARY CARE UNIT	16441486		16441486			27
31 SUBPROVIDER I	12883044		12883044			31
33 NURSERY	11241897		11241897			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	47367100	46267580	93634680	.352651	.352651	.354340 37
38 RECOVERY ROOM	8812117	7899489	16711606	.354149	.354149	.354149 38
39 DELIVERY ROOM & LABOR ROOM	21975886	7258211	29234097	.491644	.491644	.491644 39
40 ANESTHESIOLOGY	3182728	3337280	6520008	.163396	.163396	.168804 40
41 RADIOLOGY-DIAGNOSTIC	18163108	45403109	63566217	.253888	.253888	.253888 41
41.01 MRI	9851596	26957925	36809521	.075404	.075404	.075404 41.01
41.02 CT SCAN	26698415	67204464	93902879	.048098	.048098	.048098 41.02
42 RADIOLOGY-THERAPEUTIC		2349997	2349997	1.155717	1.155717	1.157514 42
43 RADIOISOTOPE	4366899	12998483	17365382	.120322	.120322	.120779 43
44 LABORATORY	48481452	134141002	182622454	.130183	.130183	.130183 44
46 WHOLE BLOOD & PACKED RED BL	9469482	4197282	13666764	.327424	.327424	.327424 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	23656998	996146	24653144	.226697	.226697	.226697 49
50 PHYSICAL THERAPY	5533303	6195987	11729290	.510819	.510819	.510819 50
51 OCCUPATIONAL THERAPY	2977552	1346238	4323790	.224132	.224132	.224132 51
52 SPEECH PATHOLOGY	2152704	1735106	3887810	.229227	.229227	.229227 52
53 ELECTROCARDIOLOGY	58244492	50562209	108806701	.169514	.169514	.170762 53
54 ELECTROENCEPHALOGRAPHY	3629653	7228536	10858189	.266685	.266685	.266737 54
55 MEDICAL SUPPLIES CHARGED TO	257234280	96909636	354143916	.260079	.260079	.260079 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	109749698	43235342	152985040	.163266	.163266	.163266 56
58.01 CARDIAC REHAB		1571721	1571721	.493819	.493819	.493819 58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	3336822	14894	3351716	.025962	.025962	.025962 58.03
58.04 PAIN MANAGEMENT	105167	2445001	2550168	.411187	.411187	.411187 58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3519	31591328	31594847	.654823	.654823	.654823 60
60.01 PATIENT TREATMENT CENTER	312067	3513023	3825090	.858463	.858463	.858463 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2804557	2804557	.276017	.276017	.276017 60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	2394	8470420	8472814	1.029329	1.029329	1.029329 60.04
60.05 WOMEN'S CLINIC	400	199480	199880	2.983185	2.983185	2.983185 60.05
61 EMERGENCY	31869270	60938251	92807521	.173723	.173723	.173808 61
62 OBSERVATION BEDS (NON-DISTI	1094633	8596260	9690893	.420751	.420751	.420751 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	891291417	686368957	1577660374			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	891291417	686368957	1577660374			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				11948571		11948571	25
26 INTENSIVE CARE UNIT				1185910		1185910	26
27 CORONARY CARE UNIT				1256298		1256298	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				1317020		1317020	31
33 NURSERY				706972		706972	33
101 TOTAL				16414771		16414771	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	71413	27328			167.32	4572521	25
26 INTENSIVE CARE UNIT	4735	1864			250.46	466857	26
27 CORONARY CARE UNIT	4504	2382			278.93	664411	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4990	1537			263.93	405660	31
33 NURSERY	13542				52.21		33
101 TOTAL	99184	33111				6109449	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6291642	93634680	16152460			.067194	1085348 37
38 RECOVERY ROOM		577087	16711606	3224450			.034532	111347 38
39 DELIVERY ROOM & LABOR ROOM		2695353	29234097	22478			.092199	2072 39
40 ANESTHESIOLOGY		41210	6520008	2344161			.006321	14817 40
41 RADIOLOGY-DIAGNOSTIC		2994283	63566217	8557386			.047105	403096 41
41.01 MRI		343990	36809521	4151775			.009345	38798 41.01
41.02 CT SCAN		530134	93902879	12407751			.005646	70054 41.02
42 RADIOLOGY-THERAPEUTIC		35645	2349997				.015168	42
43 RADIOISOTOPE		196094	17365382	2284401			.011292	25795 43
44 LABORATORY		2361621	182622454	22230458			.012932	287484 44
46 WHOLE BLOOD & PACKED RED BLOO		168875	13666764	4420669			.012357	54626 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		458399	24653144	9887709			.018594	183852 49
50 PHYSICAL THERAPY		1103078	11729290	3080017			.094045	289660 50
51 OCCUPATIONAL THERAPY		19095	4323790	1687745			.004416	7453 51
52 SPEECH PATHOLOGY		9215	3887810	1142936			.002370	2709 52
53 ELECTROCARDIOLOGY		2072201	108806701	27008310			.019045	514373 53
54 ELECTROENCEPHALOGRAPHY		577562	10858189	805017			.053191	42820 54
55 MEDICAL SUPPLIES CHARGED TO P		2239046	354143916	104933420			.006322	663389 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		609191	152985040	44285700			.003982	176346 56
58.01 CARDIAC REHAB		4456	1571721				.002835	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		18629	3351716	2218567			.005558	12331 58.03
58.04 PAIN MANAGEMENT		293062	2550168	46211			.114919	5311 58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		139131	31594847				.004404	60
60.01 PATIENT TREATMENT CENTER		555456	3825090	215104			.145214	31236 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5319	2804557				.001897	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		2773206	8472814				.327306	60.04
60.05 WOMEN'S CLINIC		21091	199880	160			.105518	17 60.05
61 EMERGENCY		2111828	92807521	14731237			.022755	335209 61
62 OBSERVATION BEDS (NON-DISTINC		662598	9690893	582742			.068373	39844 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		29908497	1384640692	286420864				4397987 101

PROVIDER NO. 14-0242 CENTRAL DUPAGE 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
 11/09/2009 14:35

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71413		27328	25
26 INTENSIVE CARE UNIT					4735		1864	26
27 CORONARY CARE UNIT					4504		2382	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4990		1537	31
33 NURSERY					13542			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					99184		33111	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		93634680			16152460		7927664 37
38 RECOVERY ROOM		16711606			3224450		1166877 38
39 DELIVERY ROOM & LABOR ROOM		29234097			22478		76287 39
40 ANESTHESIOLOGY		6520008			2344161		367604 40
41 RADIOLOGY-DIAGNOSTIC		63566217			8557386		8450294 41
41.01 MRI		36809521			4151775		5539293 41.01
41.02 CT SCAN		93902879			12407751		15831416 41.02
42 RADIOLOGY-THERAPEUTIC		2349997					876668 42
43 RADIOISOTOPE		17365382			2284401		3600907 43
44 LABORATORY		182622454			22230458		1797227 44
46 WHOLE BLOOD & PACKED RED BLOO		13666764			4420669		597423 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24653144			9887709		137033 49
50 PHYSICAL THERAPY		11729290			3080017		6976 50
51 OCCUPATIONAL THERAPY		4323790			1687745		51
52 SPEECH PATHOLOGY		3887810			1142936		52
53 ELECTROCARDIOLOGY		108806701			27008310		18484336 53
54 ELECTROENCEPHALOGRAPHY		10858189			805017		1154977 54
55 MEDICAL SUPPLIES CHARGED TO P		354143916			104933420		24762601 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		152985040			44285700		12212473 56
58.01 CARDIAC REHAB		1571721					629777 58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3351716			2218567		58.03
58.04 PAIN MANAGEMENT		2550168			46211		960383 58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31594847					2717093 60
60.01 PATIENT TREATMENT CENTER		3825090			215104		1075084 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2804557					1559 60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		8472814					179232 60.04
60.05 WOMEN'S CLINIC		199880			160		54821 60.05
61 EMERGENCY		92807521			14731237		8718351 61
62 OBSERVATION BEDS (NON-DISTINC		9690893			582742		2014570 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1384640692			286420864		119340926 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.352651	.352651	.352651			37
38 RECOVERY ROOM	.354149	.354149	.354149			38
39 DELIVERY ROOM & LABOR ROOM	.491644	.491644	.491644			39
40 ANESTHESIOLOGY	.163396	.163396	.163396			40
41 RADIOLOGY-DIAGNOSTIC	.253888	.253888	.253888			41
41.01 MRI	.075404	.075404	.075404			41.01
41.02 CT SCAN	.048098	.048098	.048098			41.02
42 RADIOLOGY-THERAPEUTIC	1.155717	1.155717	1.155717			42
43 RADIOISOTOPE	.120322	.120322	.120322			43
44 LABORATORY	.130183	.130183	.130183			44
46 WHOLE BLOOD & PACKED RED BLOOD	.327424	.327424	.327424			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.226697	.226697	.226697			49
50 PHYSICAL THERAPY	.510819	.510819	.510819			50
51 OCCUPATIONAL THERAPY	.224132	.224132	.224132			51
52 SPEECH PATHOLOGY	.229227	.229227	.229227			52
53 ELECTROCARDIOLOGY	.169514	.169514	.169514			53
54 ELECTROENCEPHALOGRAPHY	.266685	.266685	.266685			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.260079	.260079	.260079			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.163266	.163266	.163266			56
58.01 CARDIAC REHAB	.493819	.493819	.493819			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	.025962	.025962	.025962			58.03
58.04 PAIN MANAGEMENT	.411187	.411187	.411187			58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.654823	.654823	.654823			60
60.01 PATIENT TREATMENT CENTER	.858463	.858463	.858463			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.276017	.276017	.276017			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	1.029329	1.029329	1.029329			60.04
60.05 WOMEN'S CLINIC	2.983185	2.983185	2.983185			60.05
61 EMERGENCY	.173723	.173723	.173723			61
62 OBSERVATION BEDS (NON-DISTINCT	.420751	.420751	.420751			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.163266	1
2 PROGRAM VACCINE CHARGES	42687	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	6969	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7927664						37
38 RECOVERY ROOM		1166877						38
39 DELIVERY ROOM & LABOR ROOM		76287						39
40 ANESTHESIOLOGY		367604						40
41 RADIOLOGY-DIAGNOSTIC		8450294						41
41.01 MRI		5539293						41.01
41.02 CT SCAN		15831416						41.02
42 RADIOLOGY-THERAPEUTIC		876668						42
43 RADIOISOTOPE		3600907						43
44 LABORATORY		1797227	214112					44
46 WHOLE BLOOD & PACKED RED BLOOD		597423						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		137033						49
50 PHYSICAL THERAPY		6976						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		18484336						53
54 ELECTROENCEPHALOGRAPHY		1154977						54
55 MEDICAL SUPPLIES CHARGED TO PA		24762601						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		12212473						56
58.01 CARDIAC REHAB		629777						58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS								58.03
58.04 PAIN MANAGEMENT		960383						58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2717093						60
60.01 PATIENT TREATMENT CENTER		1075084						60.01
60.02 REHAB SERVICES-BLOOMINGDALE		1559						60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		179232						60.04
60.05 WOMEN'S CLINIC		54821						60.05
61 EMERGENCY		8718351						61
62 OBSERVATION BEDS (NON-DISTINCT)		2014570						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		119340926	214112					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		119340926	214112					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		2795699				37
38 RECOVERY ROOM		413248				38
39 DELIVERY ROOM & LABOR ROOM		37506				39
40 ANESTHESIOLOGY		60065				40
41 RADIOLOGY-DIAGNOSTIC		2145428				41
41.01 MRI		417685				41.01
41.02 CT SCAN		761459				41.02
42 RADIOLOGY-THERAPEUTIC		1013180				42
43 RADIOISOTOPE		433268				43
44 LABORATORY		233968	27874			44
46 WHOLE BLOOD & PACKED RED BLOOD		195611				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		31065				49
50 PHYSICAL THERAPY		3563				50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		3133354				53
54 ELECTROENCEPHALOGRAPHY		308015				54
55 MEDICAL SUPPLIES CHARGED TO PAT		6440233				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		1993882				56
58.01 CARDIAC REHAB		310996				58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS						58.03
58.04 PAIN MANAGEMENT		394897				58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		1779215				60
60.01 PATIENT TREATMENT CENTER		922920				60.01
60.02 REHAB SERVICES-BLOOMINGDALE		430				60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P		184489				60.04
60.05 WOMEN'S CLINIC		163541				60.05
61 EMERGENCY		1514578				61
62 OBSERVATION BEDS (NON-DISTINCT)		847632				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		26535927	27874			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		26535927	27874			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6291642	93634680	4480			.067194	301 37
38 RECOVERY ROOM		577087	16711606	61964			.034532	2140 38
39 DELIVERY ROOM & LABOR ROOM		2695353	29234097				.092199	39
40 ANESTHESIOLOGY		41210	6520008				.006321	40
41 RADIOLOGY-DIAGNOSTIC		2994283	63566217	40993			.047105	1931 41
41.01 MRI		343990	36809521	21585			.009345	202 41.01
41.02 CT SCAN		530134	93902879	82594			.005646	466 41.02
42 RADIOLOGY-THERAPEUTIC		35645	2349997				.015168	42
43 RADIOISOTOPE		196094	17365382				.011292	43
44 LABORATORY		2361621	182622454	246126			.012932	3183 44
46 WHOLE BLOOD & PACKED RED BLOO		168875	13666764				.012357	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		458399	24653144	5360			.018594	100 49
50 PHYSICAL THERAPY		1103078	11729290	16843			.094045	1584 50
51 OCCUPATIONAL THERAPY		19095	4323790	8940			.004416	39 51
52 SPEECH PATHOLOGY		9215	3887810	5289			.002370	13 52
53 ELECTROCARDIOLOGY		2072201	108806701	54300			.019045	1034 53
54 ELECTROENCEPHALOGRAPHY		577562	10858189	2600			.053191	138 54
55 MEDICAL SUPPLIES CHARGED TO P		2239046	354143916	83713			.006322	529 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		609191	152985040	892542			.003982	3554 56
58.01 CARDIAC REHAB		4456	1571721				.002835	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		18629	3351716				.005558	58.03
58.04 PAIN MANAGEMENT		293062	2550168				.114919	58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		139131	31594847				.004404	60
60.01 PATIENT TREATMENT CENTER		555456	3825090				.145214	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5319	2804557				.001897	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		2773206	8472814	726			.327306	238 60.04
60.05 WOMEN'S CLINIC		21091	199880				.105518	60.05
61 EMERGENCY		2111828	92807521	129344			.022755	2943 61
62 OBSERVATION BEDS (NON-DISTINC		662598	9690893				.068373	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		29908497	1384640692	1657399				18395 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		93634680			4480		37
38 RECOVERY ROOM		16711606			61964		38
39 DELIVERY ROOM & LABOR ROOM		29234097					39
40 ANESTHESIOLOGY		6520008					40
41 RADIOLOGY-DIAGNOSTIC		63566217			40993		41
41.01 MRI		36809521			21585		41.01
41.02 CT SCAN		93902879			82594		41.02
42 RADIOLOGY-THERAPEUTIC		2349997					42
43 RADIOISOTOPE		17365382					43
44 LABORATORY		182622454			246126		44
46 WHOLE BLOOD & PACKED RED BLOO		13666764					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24653144			5360		49
50 PHYSICAL THERAPY		11729290			16843		50
51 OCCUPATIONAL THERAPY		4323790			8940		51
52 SPEECH PATHOLOGY		3887810			5289		52
53 ELECTROCARDIOLOGY		108806701			54300		53
54 ELECTROENCEPHALOGRAPHY		10858189			2600		54
55 MEDICAL SUPPLIES CHARGED TO P		354143916			83713		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		152985040			892542		56
58.01 CARDIAC REHAB		1571721					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3351716					58.03
58.04 PAIN MANAGEMENT		2550168					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31594847					60
60.01 PATIENT TREATMENT CENTER		3825090					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2804557					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		8472814			726		60.04
60.05 WOMEN'S CLINIC		199880					60.05
61 EMERGENCY		92807521			129344		61
62 OBSERVATION BEDS (NON-DISTINC		9690893					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1384640692			1657399		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				11948571		11948571	25
26 INTENSIVE CARE UNIT				1185910		1185910	26
27 CORONARY CARE UNIT				1256298		1256298	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				1317020		1317020	31
33 NURSERY				706972		706972	33
101 TOTAL				16414771		16414771	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	71413	6058			167.32	1013625	25
26 INTENSIVE CARE UNIT	4735	721			250.46	180582	26
27 CORONARY CARE UNIT	4504	207			278.93	57739	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4990	475			263.93	125367	31
33 NURSERY	13542	2310			52.21	120605	33
101 TOTAL	99184	9771				1497918	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6291642	93634680				.067194	37
38 RECOVERY ROOM		577087	16711606				.034532	38
39 DELIVERY ROOM & LABOR ROOM		2695353	29234097				.092199	39
40 ANESTHESIOLOGY		41210	6520008				.006321	40
41 RADIOLOGY-DIAGNOSTIC		2994283	63566217				.047105	41
41.01 MRI		343990	36809521				.009345	41.01
41.02 CT SCAN		530134	93902879				.005646	41.02
42 RADIOLOGY-THERAPEUTIC		35645	2349997				.015168	42
43 RADIOISOTOPE		196094	17365382				.011292	43
44 LABORATORY		2361621	182622454				.012932	44
46 WHOLE BLOOD & PACKED RED BLOO		168875	13666764				.012357	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		458399	24653144				.018594	49
50 PHYSICAL THERAPY		1103078	11729290				.094045	50
51 OCCUPATIONAL THERAPY		19095	4323790				.004416	51
52 SPEECH PATHOLOGY		9215	3887810				.002370	52
53 ELECTROCARDIOLOGY		2072201	108806701				.019045	53
54 ELECTROENCEPHALOGRAPHY		577562	10858189				.053191	54
55 MEDICAL SUPPLIES CHARGED TO P		2239046	354143916				.006322	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		609191	152985040				.003982	56
58.01 CARDIAC REHAB		4456	1571721				.002835	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		18629	3351716				.005558	58.03
58.04 PAIN MANAGEMENT		293062	2550168				.114919	58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		139131	31594847				.004404	60
60.01 PATIENT TREATMENT CENTER		555456	3825090				.145214	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5319	2804557				.001897	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		2773206	8472814				.327306	60.04
60.05 WOMEN'S CLINIC		21091	199880				.105518	60.05
61 EMERGENCY		2111828	92807521				.022755	61
62 OBSERVATION BEDS (NON-DISTINC		662598	9690893				.068373	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		29908497	1384640692					101

PROVIDER NO. 14-0242 CENTRAL DUPAGE 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
 11/09/2009 14:35

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT					PROGRAM
	COST	COST	AMOUNT	COSTS	PATIENT	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71413		6058	25
26 INTENSIVE CARE UNIT					4735		721	26
27 CORONARY CARE UNIT					4504		207	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4990		475	31
33 NURSERY					13542		2310	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					99184		9771	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		93634680					37
38 RECOVERY ROOM		16711606					38
39 DELIVERY ROOM & LABOR ROOM		29234097					39
40 ANESTHESIOLOGY		6520008					40
41 RADIOLOGY-DIAGNOSTIC		63566217					41
41.01 MRI		36809521					41.01
41.02 CT SCAN		93902879					41.02
42 RADIOLOGY-THERAPEUTIC		2349997					42
43 RADIOISOTOPE		17365382					43
44 LABORATORY		182622454					44
46 WHOLE BLOOD & PACKED RED BLOO		13666764					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24653144					49
50 PHYSICAL THERAPY		11729290					50
51 OCCUPATIONAL THERAPY		4323790					51
52 SPEECH PATHOLOGY		3887810					52
53 ELECTROCARDIOLOGY		108806701					53
54 ELECTROENCEPHALOGRAPHY		10858189					54
55 MEDICAL SUPPLIES CHARGED TO P		354143916					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		152985040					56
58.01 CARDIAC REHAB		1571721					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3351716					58.03
58.04 PAIN MANAGEMENT		2550168					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31594847					60
60.01 PATIENT TREATMENT CENTER		3825090					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2804557					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		8472814					60.04
60.05 WOMEN'S CLINIC		199880					60.05
61 EMERGENCY		92807521					61
62 OBSERVATION BEDS (NON-DISTINC		9690893					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1384640692					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6291642	93634680				.067194	37
38 RECOVERY ROOM		577087	16711606				.034532	38
39 DELIVERY ROOM & LABOR ROOM		2695353	29234097				.092199	39
40 ANESTHESIOLOGY		41210	6520008				.006321	40
41 RADIOLOGY-DIAGNOSTIC		2994283	63566217				.047105	41
41.01 MRI		343990	36809521				.009345	41.01
41.02 CT SCAN		530134	93902879				.005646	41.02
42 RADIOLOGY-THERAPEUTIC		35645	2349997				.015168	42
43 RADIOISOTOPE		196094	17365382				.011292	43
44 LABORATORY		2361621	182622454				.012932	44
46 WHOLE BLOOD & PACKED RED BLOO		168875	13666764				.012357	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		458399	24653144				.018594	49
50 PHYSICAL THERAPY		1103078	11729290				.094045	50
51 OCCUPATIONAL THERAPY		19095	4323790				.004416	51
52 SPEECH PATHOLOGY		9215	3887810				.002370	52
53 ELECTROCARDIOLOGY		2072201	108806701				.019045	53
54 ELECTROENCEPHALOGRAPHY		577562	10858189				.053191	54
55 MEDICAL SUPPLIES CHARGED TO P		2239046	354143916				.006322	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		609191	152985040				.003982	56
58.01 CARDIAC REHAB		4456	1571721				.002835	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		18629	3351716				.005558	58.03
58.04 PAIN MANAGEMENT		293062	2550168				.114919	58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		139131	31594847				.004404	60
60.01 PATIENT TREATMENT CENTER		555456	3825090				.145214	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5319	2804557				.001897	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		2773206	8472814				.327306	60.04
60.05 WOMEN'S CLINIC		21091	199880				.105518	60.05
61 EMERGENCY		2111828	92807521				.022755	61
62 OBSERVATION BEDS (NON-DISTINC		662598	9690893				.068373	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		29908497	1384640692					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	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		93634680					37
38 RECOVERY ROOM		16711606					38
39 DELIVERY ROOM & LABOR ROOM		29234097					39
40 ANESTHESIOLOGY		6520008					40
41 RADIOLOGY-DIAGNOSTIC		63566217					41
41.01 MRI		36809521					41.01
41.02 CT SCAN		93902879					41.02
42 RADIOLOGY-THERAPEUTIC		2349997					42
43 RADIOISOTOPE		17365382					43
44 LABORATORY		182622454					44
46 WHOLE BLOOD & PACKED RED BLOO		13666764					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24653144					49
50 PHYSICAL THERAPY		11729290					50
51 OCCUPATIONAL THERAPY		4323790					51
52 SPEECH PATHOLOGY		3887810					52
53 ELECTROCARDIOLOGY		108806701					53
54 ELECTROENCEPHALOGRAPHY		10858189					54
55 MEDICAL SUPPLIES CHARGED TO P		354143916					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		152985040					56
58.01 CARDIAC REHAB		1571721					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3351716					58.03
58.04 PAIN MANAGEMENT		2550168					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31594847					60
60.01 PATIENT TREATMENT CENTER		3825090					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2804557					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		8472814					60.04
60.05 WOMEN'S CLINIC		199880					60.05
61 EMERGENCY		92807521					61
62 OBSERVATION BEDS (NON-DISTINC		9690893					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1384640692					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71413	4990					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71413	4990					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71413	4990					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)	27328	1537					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	73550674	5029387					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	73550674	5029387					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	160853656	12883044					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	160853656	12883044					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.457252	.390388					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2252.44	2581.77					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	73550674	5029387					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1029.93	1007.89				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28145927	1549127				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28145927	1549127				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
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	13441959	4735	2838.85	1864	5291616	43
44 CORONARY CARE UNIT	8908667	4504	1977.95	2382	4711477	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	61842484	285304				48
49 TOTAL PROGRAM INPATIENT COSTS	99991504	1834431				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5703789	405660				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4397987	18395				51
52 TOTAL PROGRAM EXCLUDABLE COST	10101776	424055				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	89889728	1410376				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3957	2		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1029.93	1007.89		84
85 OBSERVATION BED COST	4075433	2016		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL			TOTAL	
	ROUTINE	COLUMN 1	OBSERVATION	OBSERVATION BED
	COST	DIVIDED BY	BED COST	PASS-THROUGH COST
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4
	1	2	4	5

86 OLD CAPITAL-RELATED COST		73550674		4075433		86
87 NEW CAPITAL-RELATED COST	11948571	73550674	.162454	4075433	662070	87
88 NON PHYSICIAN ANESTHETIST		73550674		4075433		88
89 MEDICAL EDUCATION		73550674		4075433		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71413	4990				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71413	4990				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71413	4990				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)	6058	475				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	13542					15
16 TITLE V OR XIX NURSERY DAYS	2310					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
17		1	1	1	1	1	17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	73458592	5029387					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	73458592	5029387					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	160853656	12883044					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	160853656	12883044					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.456680	.390388					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	2252.44	2581.77					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	73458592	5029387					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1028.64	1007.89				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6231501	478748				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6231501	478748				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)	10178109	13542	751.60	2310	1736196	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	13363677	4735	2822.32	721	2034893	43
44 CORONARY CARE UNIT	8908667	4504	1977.95	207	409436	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	10412026	478748				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1372551	125367				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1372551	125367				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		86				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/09/2009 14:35

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3957	2		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1029.93	1007.89		84
85 OBSERVATION BED COST	4075433	2016		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		50281019		25
26 INTENSIVE CARE UNIT		7013486		26
27 CORONARY CARE UNIT		8952566		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.354340	16152460	5723463	37
38 RECOVERY ROOM	.354149	3224450	1141936	38
39 DELIVERY ROOM & LABOR ROOM	.491644	22478	11051	39
40 ANESTHESIOLOGY	.168804	2344161	395704	40
41 RADIOLOGY-DIAGNOSTIC	.253888	8557386	2172618	41
41.01 MRI	.075404	4151775	313060	41.01
41.02 CT SCAN	.048098	12407751	596788	41.02
42 RADIOLOGY-THERAPEUTIC	1.157514			42
43 RADIOISOTOPE	.120779	2284401	275908	43
44 LABORATORY	.130183	22230458	2894028	44
46 WHOLE BLOOD & PACKED RED BLOOD	.327424	4420669	1447433	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.226697	9887709	2241514	49
50 PHYSICAL THERAPY	.510819	3080017	1573331	50
51 OCCUPATIONAL THERAPY	.224132	1687745	378278	51
52 SPEECH PATHOLOGY	.229227	1142936	261992	52
53 ELECTROCARDIOLOGY	.170762	27008310	4611993	53
54 ELECTROENCEPHALOGRAPHY	.266737	805017	214728	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.260079	104933420	27290979	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.163266	44285700	7230349	56
58.01 CARDIAC REHAB	.493819			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.025962	2218567	57598	58.03
58.04 PAIN MANAGEMENT	.411187	46211	19001	58.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.654823			60
60.01 PATIENT TREATMENT CENTER	.858463	215104	184659	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.276017			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	1.029329			60.04
60.05 WOMEN'S CLINIC	2.983185	160	477	60.05
61 EMERGENCY	.173808	14731237	2560407	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.420751	582742	245189	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		286420864	61842484	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		286420864		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		4101527		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.354340	4480	1587	37
38 RECOVERY ROOM	.354149	61964	21944	38
39 DELIVERY ROOM & LABOR ROOM	.491644			39
40 ANESTHESIOLOGY	.168804			40
41 RADIOLOGY-DIAGNOSTIC	.253888	40993	10408	41
41.01 MRI	.075404	21585	1628	41.01
41.02 CT SCAN	.048098	82594	3973	41.02
42 RADIOLOGY-THERAPEUTIC	1.157514			42
43 RADIOISOTOPE	.120779			43
44 LABORATORY	.130183	246126	32041	44
46 WHOLE BLOOD & PACKED RED BLOOD	.327424			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.226697	5360	1215	49
50 PHYSICAL THERAPY	.510819	16843	8604	50
51 OCCUPATIONAL THERAPY	.224132	8940	2004	51
52 SPEECH PATHOLOGY	.229227	5289	1212	52
53 ELECTROCARDIOLOGY	.170762	54300	9272	53
54 ELECTROENCEPHALOGRAPHY	.266737	2600	694	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.260079	83713	21772	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.163266	892542	145722	56
58.01 CARDIAC REHAB	.493819			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.025962			58.03
58.04 PAIN MANAGEMENT	.411187			58.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.654823			60
60.01 PATIENT TREATMENT CENTER	.858463			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.276017			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	1.029329	726	747	60.04
60.05 WOMEN'S CLINIC	2.983185			60.05
61 EMERGENCY	.173808	129344	22481	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.420751			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1657399	285304	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1657399		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.352651		37
38 RECOVERY ROOM	.354149		38
39 DELIVERY ROOM & LABOR ROOM	.491644		39
40 ANESTHESIOLOGY	.163396		40
41 RADIOLOGY-DIAGNOSTIC	.253888		41
41.01 MRI	.075404		41.01
41.02 CT SCAN	.048098		41.02
42 RADIOLOGY-THERAPEUTIC	1.155717		42
43 RADIOISOTOPE	.120322		43
44 LABORATORY	.130183		44
46 WHOLE BLOOD & PACKED RED BLOOD	.327424		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.226697		49
50 PHYSICAL THERAPY	.510819		50
51 OCCUPATIONAL THERAPY	.224132		51
52 SPEECH PATHOLOGY	.229227		52
53 ELECTROCARDIOLOGY	.169514		53
54 ELECTROENCEPHALOGRAPHY	.266685		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.260079		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.163266		56
58.01 CARDIAC REHAB	.493819		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.025962		58.03
58.04 PAIN MANAGEMENT	.411187		58.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.654823		60
60.01 PATIENT TREATMENT CENTER	.858463		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.276017		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	1.029329		60.04
60.05 WOMEN'S CLINIC	2.983185		60.05
61 EMERGENCY	.173723		61
62 OBSERVATION BEDS (NON-DISTINCT	.420751		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.352651		37
38 RECOVERY ROOM	.354149		38
39 DELIVERY ROOM & LABOR ROOM	.491644		39
40 ANESTHESIOLOGY	.163396		40
41 RADIOLOGY-DIAGNOSTIC	.253888		41
41.01 MRI	.075404		41.01
41.02 CT SCAN	.048098		41.02
42 RADIOLOGY-THERAPEUTIC	1.155717		42
43 RADIOISOTOPE	.120322		43
44 LABORATORY	.130183		44
46 WHOLE BLOOD & PACKED RED BLOOD	.327424		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.226697		49
50 PHYSICAL THERAPY	.510819		50
51 OCCUPATIONAL THERAPY	.224132		51
52 SPEECH PATHOLOGY	.229227		52
53 ELECTROCARDIOLOGY	.169514		53
54 ELECTROENCEPHALOGRAPHY	.266685		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.260079		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.163266		56
58.01 CARDIAC REHAB	.493819		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.025962		58.03
58.04 PAIN MANAGEMENT	.411187		58.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.654823		60
60.01 PATIENT TREATMENT CENTER	.858463		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.276017		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	1.029329		60.04
60.05 WOMEN'S CLINIC	2.983185		60.05
61 EMERGENCY	.173723		61
62 OBSERVATION BEDS (NON-DISTINCT	.420751		62
62 OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	28643027					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14321513					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	14321513					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	5308247					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	287.16					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)						3.06
		[FOR CR PERIODS ENDING]				
		[ON OR AFTER 7/1/2005]				
		[E-3,PT.VI,LN.15][PLUS LN.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..						3.16
		RES. IN				
		INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	62594300					6
7						7
7.01						7.01
8	62594300					8
9	5694311					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	68288611					16
17	9230					17
18	68279381					18
19	5345316					19
20	118876					20
21	455413					21
21.01	318789					21.01
21.02	365541					21.02
22	63133978					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	63133978					26
27						27
28	62948043					28
28.01						28.01
29	185935					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0242)	HOSPITAL (14-0242)	HOSPITAL (14-0242)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	34843			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	26535927			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	20868886			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.897			1.03
1.04 LINE 1.01 TIMES LINE 1.03	23802727			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	87.67			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	34843			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	256799			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	256799			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	256799			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	221956			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	34843			17
17.01 TOTAL PPS PAYMENTS	20868886			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0242)	HOSPITAL (14-0242)	HOSPITAL (14-0242)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	11874		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4797635		18.01
19 SUBTOTAL	16094220		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	16094220		23
24 PRIMARY PAYER PAYMENTS	7932		24
25 SUBTOTAL	16086288		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	459435		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	321605		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	438511		27.02
28 SUBTOTAL	16407893		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	16407893		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	16213878		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	194015		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S242)	SUB I (14-S242)	SUB I (14-S242)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			
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
(14-0242)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0242)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0242)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0242)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		62791579		16051445	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.		156464		162433	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50				3.50
	TO .51				3.51
	PROGRAM .52	NONE		NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		62948043		16213878	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	185935		194015	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		63133978		16407893	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S242)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		1200546				1.08
1.09		506591				1.09
1.10		33583				1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		13.665753				1.16
1.17						1.17
1.18						1.18
1.19		1740720				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1740720				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1740720				4
5						5
6		1740720				6
7		104644				7
8		1636076				8
9		18520				9
10		1617556				10
11		22525				11
11.01		15768				11.01
11.02		17605				11.02
12		1633324				12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S242)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1633324				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1617556				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		15768				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	10412026	478748				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	10412026	478748				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	10412026	478748				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	10412026	478748				22
23	COST OF COVERED SERVICES	10412026	478748				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	10412026	478748				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	10412026	478748				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 (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	10412026	478748				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	22344762			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	93620000			4
5	OTHER RECEIVABLES	38514000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-27046000			6
7	INVENTORY	2510386			7
8	PREPAID EXPENSES	1053553			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	130996701			11
FIXED ASSETS					
12	LAND	1194745			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	24122342			13
13.01	ACCUMULATED DEPRECIATION	-7175311			13.01
14	BUILDINGS	356318801			14
14.01	ACCUMULATED DEPRECIATION	-85852970			14.01
15	LEASEHOLD IMPROVEMENTS	166599			15
15.01	ACCUMULATED AMORTIZATION	-15443			15.01
16	FIXED EQUIPMENT	45219669			16
16.01	ACCUMULATED DEPRECIATION	-34232151			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	237584930			18
18.01	ACCUMULATED DEPRECIATION	-184457046			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	352874165			21
OTHER ASSETS					
22	INVESTMENTS	350107531			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	350107531			26
27	TOTAL ASSETS	833978397			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	36736000			28
29	SALARIES, WAGES & FEES PAYABLE	33479989			29
30	PAYROLL TAXES PAYABLE	686011			30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	4594000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	68496000			35
36	TOTAL CURRENT LIABILITIES	143992000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	143992000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	689986397			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	689986397			51
52	TOTAL LIABILITIES AND FUND BALANCES	833978397			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	617311830			1
2 NET INCOME (LOSS)	79196917			2
3 TOTAL	696508747			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGES IN NET UNREALIZED GAINS	7453000			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	7453000			10
11 SUBTOTAL	703961747			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET EQUITY TRANSFERS	13974907			13
14 CHANGE IN NET UNREALIZED G & L				14
15 ROUNDING	443			15
16				16
17				17
18 TOTAL DEDUCTIONS	13975350			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	689986397			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	168028943		168028943	2
4 SUBPROVIDER I	12688442		12688442	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	180717385		180717385	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	30743419		30743419	12
13 CORONARY CARE UNIT	21977241		21977241	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	52720660		52720660	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	233438045		233438045	18
19 ANCILLARY SERVICES	667992900		667992900	19
20 OUTPATIENT SERVICES		686781418	686781418	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
24.01 PROFESSIONAL FEE REVENUE	6633396	15635483	22268879	24.01
25 TOTAL PATIENT REVENUES	908064341	702416901	1610481242	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		467943860	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	34591560		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		34591560	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		502535420	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1610481242	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1026706847	2
3	NET PATIENT REVENUES	583774395	3
4	LESS - TOTAL OPERATING EXPENSES	502535420	4
5	NET INCOME FROM SERVICE TO PATIENTS	81238975	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	113898	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	477344	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	10032	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	2504205	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	18378	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	5	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3000	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	88638	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	359030	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PATIENT MEAL REVENUE		24
24.01	DIETARY OP INSTRUCTION		24.01
24.02	OS SERVICE REVENUE	193543	24.02
24.03	RECOVERY LIVING REVENUE		24.03
24.04	CARDIAC REHAB		24.04
24.05	OTHER OPERATING INCOME	8769861	24.05
25	TOTAL OTHER INCOME	12537934	25
26	TOTAL	93776909	26
27	LOSS ON INVESTMENTS	14579992	27
28			28
29			29
30	TOTAL OTHER EXPENSES	14579992	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	79196917	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0242)	HOSPITAL (14-0242)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	4773472				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	804844				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	0.0154				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.1031				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.1185				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0243				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	115995				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	5694311				
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
6.10 NON PATIENT TELEPHONES					6.10
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER					6.50
6.60 ADMINISTRATION & GENERAL					6.60
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30

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					
96.01 KOFEE KORNER					96.01
97 RESEARCH					97
98.01 WSKF					98.01
99.01 DEVELOPMENT					99.01
99.02 MARKETING					99.02
99.04 PHYSICIAN ANSWERING SERVICE					99.04
99.05 CAR SEAT SAFETY PROGRAM					99.05
99.07 JOINT VENTURE					99.07
99.08 PARKINSONS CENTER					99.08
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	38.27		8.48				46.75 25
26 INTENSIVE CARE UNIT	39.37		15.23				54.60 26
27 CORONARY CARE UNIT	52.89		4.60				57.49 27
33 NURSERY			17.06				17.06 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.25	8.47					25.72 37
38 RECOVERY ROOM	19.29	6.98					26.27 38
39 DELIVERY ROOM & LABOR ROOM	0.08	0.26					0.34 39
40 ANESTHESIOLOGY	35.95	5.64					41.59 40
41 RADIOLOGY-DIAGNOSTIC	13.46	13.29					26.75 41
41.01 MRI	11.28	15.05					26.33 41.01
41.02 CT SCAN	13.21	16.86					30.07 41.02
42 RADIOLOGY-THERAPEUTIC		37.31					37.31 42
43 RADIOISOTOPE	13.15	20.74					33.89 43
44 LABORATORY	12.17	0.98					13.15 44
46 WHOLE BLOOD & PACKED RED BLOOD	32.35	4.37					36.72 46
49 RESPIRATORY THERAPY	40.11	0.56					40.67 49
50 PHYSICAL THERAPY	26.26	0.06					26.32 50
51 OCCUPATIONAL THERAPY	39.03						39.03 51
52 SPEECH PATHOLOGY	29.40						29.40 52
53 ELECTROCARDIOLOGY	24.82	16.99					41.81 53
54 ELECTROENCEPHALOGRAPHY	7.41	10.64					18.05 54
55 MEDICAL SUPPLIES CHARGED TO PAT	29.63	6.99					36.62 55
56 DRUGS CHARGED TO PATIENTS	28.95	7.98					36.93 56
58.01 CARDIAC REHAB		40.07					40.07 58.01
58.03 INPATIENT DIALYSIS	66.19						66.19 58.03
58.04 PAIN MANAGEMENT	1.81	37.66					39.47 58.04
60 CLINIC		8.60					8.60 60
60.01 PATIENT TREATMENT CENTER	5.62	28.11					33.73 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		0.06					0.06 60.02
60.04 MENTAL HEALTH O/P		2.12					2.12 60.04
60.05 WOMEN'S CLINIC	0.08	27.43					27.51 60.05
61 EMERGENCY	15.87	9.39					25.26 61
62 OBSERVATION BEDS (NON-DISTINCT	6.01	20.79					26.80 62
101 TOTAL CHARGES	18.15	7.56					25.71 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.80		9.52				40.32 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.37						0.37 38
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
41.01 MRI	0.06						0.06 41.01
41.02 CT SCAN	0.09						0.09 41.02
44 LABORATORY	0.13						0.13 44
49 RESPIRATORY THERAPY	0.02						0.02 49
50 PHYSICAL THERAPY	0.14						0.14 50
51 OCCUPATIONAL THERAPY	0.21						0.21 51
52 SPEECH PATHOLOGY	0.14						0.14 52
53 ELECTROCARDIOLOGY	0.05						0.05 53
54 ELECTROENCEPHALOGRAPHY	0.02						0.02 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.02						0.02 55
56 DRUGS CHARGED TO PATIENTS	0.58						0.58 56
60.04 MENTAL HEALTH O/P	0.01						0.01 60.04
61 EMERGENCY	0.14						0.14 61
101 TOTAL CHARGES	0.11						0.11 101

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	17508454	4.09	-17508454	-8.38		3
4	NEW CAP REL COSTS-MVBLE EQUIP	28412587	6.64	-28412587	-13.61		4
5	EMPLOYEE BENEFITS	39814883	9.31	-39814883	-19.07		5
6.10	NON PATIENT TELEPHONES	1698981	.40	-1698981	-.81		6.10
6.30	PURCHASING AND STORES	1960415	.46	-1960415	-.94		6.30
6.40	ADMITTING	2113097	.49	-2113097	-1.01		6.40
6.50	ACCOUNTS RECEIVABLE AND CASHIER	4881743	1.14	-4881743	-2.34		6.50
6.60	ADMINISTRATION & GENERAL	71129686	16.63	-71129686	-34.06		6.60
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	19678235	4.60	-19678235	-9.42		8
9	LAUNDRY & LINEN SERVICE	277486	.06	-277486	-.13		9
10	HOUSEKEEPING	4191179	.98	-4191179	-2.01		10
11	DIETARY	1444593	.34	-1444593	-.69		11
12	CAFETERIA	1144865	.27	-1144865	-.55		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3836397	.90	-3836397	-1.84		14
15	CENTRAL SERVICES & SUPPLY	2299001	.54	-2299001	-1.10		15
16	PHARMACY	5062587	1.18	-5062587	-2.42		16
17	MEDICAL RECORDS & LIBRARY	3354717	.78	-3354717	-1.61		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	30814868	7.21	42643724	20.42	73458592	17.18
26	INTENSIVE CARE UNIT	6979265	1.63	6384412	3.06	13363677	3.12
27	CORONARY CARE UNIT	4046646	.95	4862021	2.33	8908667	2.08
31	SUBPROVIDER I	1395652	.33	3633735	1.74	5029387	1.18
33	NURSERY	6008375	1.40	4169734	2.00	10178109	2.38
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12819714	3.00	20200688	9.67	33020402	7.72
38	RECOVERY ROOM	2900453	.68	3017941	1.45	5918394	1.38
39	DELIVERY ROOM & LABOR ROOM	5649357	1.32	8723426	4.18	14372783	3.36
40	ANESTHESIOLOGY	556067	.13	509278	.24	1065345	.25
41	RADIOLOGY-DIAGNOSTIC	6337752	1.48	9800931	4.69	16138683	3.77
41.01	MRI	1161313	.27	1614264	.77	2775577	.65
41.02	CT SCAN	1648534	.39	2868018	1.37	4516552	1.06
42	RADIOLOGY-THERAPEUTIC	2058038	.48	657893	.32	2715931	.64
43	RADIOISOTOPE	1082274	.25	1007155	.48	2089429	.49
44	LABORATORY	11964618	2.80	11809764	5.66	23774382	5.56
46	WHOLE BLOOD & PACKED RED BLOOD	3097215	.72	1377609	.66	4474824	1.05
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	2798714	.65	2790089	1.34	5588803	1.31	49
50 PHYSICAL THERAPY	2407679	.56	3583861	1.72	5991540	1.40	50
51 OCCUPATIONAL THERAPY	586655	.14	382445	.18	969100	.23	51
52 SPEECH PATHOLOGY	564279	.13	326911	.16	891190	.21	52
53 ELECTROCARDIOLOGY	8844617	2.07	9599660	4.60	18444277	4.31	53
54 ELECTROENCEPHALOGRAPHY	1090470	.25	1805241	.86	2895711	.68	54
55 MEDICAL SUPPLIES CHARGED TO PAT	64503870	15.08	27601452	13.22	92105322	21.54	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	12696432	2.97	12280793	5.88	24977225	5.84	56
58.01 CARDIAC REHAB	535706	.13	240439	.12	776145	.18	58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS	20		86998	.04	87018	.02	58.03
58.04 PAIN MANAGEMENT	300902	.07	747695	.36	1048597	.25	58.04
60 CLINIC	13451924	3.15	7237117	3.47	20689041	4.84	60
60.01 PATIENT TREATMENT CENTER	1379686	.32	1904014	.91	3283700	.77	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	490790	.11	283316	.14	774106	.18	60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P	2253479	.53	6467838	3.10	8721317	2.04	60.04
60.05 WOMEN'S CLINIC	435560	.10	160719	.08	596279	.14	60.05
61 EMERGENCY	6924246	1.62	9198580	4.41	16122826	3.77	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER	219445	.05	49316	.02	268761	.06	96.01
97 RESEARCH	295213	.07	149504	.07	444717	.10	97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE			502634	.24	502634	.12	99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE	560353	.13	125722	.06	686075	.16	99.07
99.08 PARKINSONS CENTER	16717		3969		20686		99.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	427685804	100.00	0	.00	427685804	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	6291642	93634680	.067194	16152460	1085348	37
38 RECOVERY ROOM	577087	16711606	.034532	3224450	111347	38
39 DELIVERY ROOM & LABOR ROOM	2695353	29234097	.092199	22478	2072	39
40 ANESTHESIOLOGY	41210	6520008	.006321	2344161	14817	40
41 RADIOLOGY-DIAGNOSTIC	2994283	63566217	.047105	8557386	403096	41
41.01 MRI	343990	36809521	.009345	4151775	38798	41.01
41.02 CT SCAN	530134	93902879	.005646	12407751	70054	41.02
42 RADIOLOGY-THERAPEUTIC	35645	2349997	.015168			42
43 RADIOISOTOPE	196094	17365382	.011292	2284401	25795	43
44 LABORATORY	2361621	182622454	.012932	22230458	287484	44
46 WHOLE BLOOD & PACKED RED BLOOD	168875	13666764	.012357	4420669	54626	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	458399	24653144	.018594	9887709	183852	49
50 PHYSICAL THERAPY	1103078	11729290	.094045	3080017	289660	50
51 OCCUPATIONAL THERAPY	19095	4323790	.004416	1687745	7453	51
52 SPEECH PATHOLOGY	9215	3887810	.002370	1142936	2709	52
53 ELECTROCARDIOLOGY	2072201	108806701	.019045	27008310	514373	53
54 ELECTROENCEPHALOGRAPHY	577562	10858189	.053191	805017	42820	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2239046	354143916	.006322	104933420	663389	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	609191	152985040	.003982	44285700	176346	56
58.01 CARDIAC REHAB	4456	1571721	.002835			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	18629	3351716	.005558	2218567	12331	58.03
58.04 PAIN MANAGEMENT	293062	2550168	.114919	46211	5311	58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	139131	31594847	.004404			60
60.01 PATIENT TREATMENT CENTER	555456	3825090	.145214	215104	31236	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	5319	2804557	.001897			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	2773206	8472814	.327306			60.04
60.05 WOMEN'S CLINIC	21091	199880	.105518	160	17	60.05
61 EMERGENCY	2111828	92807521	.022755	14731237	335209	61
62 OBSERVATION BEDS (NON-DISTINCT	662598	9690893	.068373	582742	39844	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	29908497	1384640692		286420864	4397987	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	11948571		11948571	71413	167.32	27328	4572521 25
26 INTENSIVE CARE UNIT	1185910		1185910	4735	250.46	1864	466857 26
27 CORONARY CARE UNIT	1256298		1256298	4504	278.93	2382	664411 27
101 TOTAL	14390779		14390779			31574	5703789 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 5703789

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 4397987

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 10101776

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	89889728
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	352667935
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.255

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1834431
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5758926
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.319

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)	10101776
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	26532364
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)	119333950
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.222