

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 PALOS COMMUNITY HOSPITAL (14-0062) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-32143	-16254		2
3	SWING BED - SNF	34292			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY		-1608		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	2149	-17862		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: 12251 S. 80TH AVENUE P.O.BOX: 1
 1.01 CITY: PALOS HEIGHTS STATE: IL ZIP CODE: 60463 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	PALOS COMMUNITY HOSPITAL	14-0062	07/01/1966	N	P	P	2
3	SUBPROVIDER I	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	01/01/1984	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	PALOS COMMUNITY HOSPITAL HHA	14-7470	10/27/1987	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	06/06/1997				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2010	TO: 12/31/2010				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			NO	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.					NO		21.08
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00		25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.			
			PROGRAM CODE(2)	RESIDENT FTEs(3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
31.01	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					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. NO 40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: P.O. BOX: 40.02
 40.03 CITY: STATE: ZIP CODE: 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2. NO 45

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NCMQ 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: 2021168 PAID LOSSES: 553450 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 NO	LIMIT 2 0.00 Y/N NO	FEEES 3 4 NO	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57	
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO		58	
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO		59	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES							60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO	NO						60.01	
MULTICAMPUS										
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO								61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS				
	1		2	3	4	5				
SETTLEMENT DATA										
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		05/06/2011						63
MISCELLANEOUS DATA										
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	YES								64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	321	117165			51582		1941		1
2 HMO					1415				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	321	117165			51582		1941		5
6 INTENSIVE CARE UNIT	18	6570			4736		306		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							133		11
12 TOTAL HOSPITAL	339	123735			56318		2380		12
13 RPCH VISITS									13
14 SUBPROVIDER I	38	13870			2279		155		14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					77766		674		18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	377								25
26 OBSERVATION BED DAYS							300		26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS							14		29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		76932							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		76932							5
6 INTENSIVE CARE UNIT		5846							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		2547							11
12 TOTAL HOSPITAL		85325						2094.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I		5855						62.00	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		89084						128.00	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)								35.00	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								2319.00	25
26 OBSERVATION BED DAYS		4386							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		320							29

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		10862	554	18773	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		10862	554	18773	12
13	RPCH VISITS					13
14	SUBPROVIDER I		309	33	1188	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	154887610		154887610	4822431.00	32.12		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3843375		3843375	40483.09	94.94		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	16035981		16035981	525576.00	30.51		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	226286		226286	5486.00	41.25		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	497533		497533	4949.02	100.53		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	40609291		40609291			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4884403		4884403			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						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	391483		391483			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1212713		1212713	38508.00	31.49		21
22	ADMINISTRATIVE & GENERAL	22684957		22684957	658715.00	34.44		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	564692		564692	2762.35	204.42		22.01
23	MAINTENANCE & REPAIRS	3013593		3013593	90420.00	33.33		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	136642		136642	6256.00	21.84		25
26	HOUSEKEEPING	3056850		3056850	145350.00	21.03		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3504297	-1328689	2175608	98621.00	22.06		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1328689	1328689	60230.00	22.06		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2258945		2258945	55488.00	40.71		30
31	CENTRAL SERVICES AND SUPPLY	2257053		2257053	99558.00	22.67		31
32	PHARMACY	4382147		4382147	106335.00	41.21		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2577618		2577618	104108.00	24.76		33
34	SOCIAL SERVICE	864928		864928	26373.00	32.80		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	151608927		151608927	4784710.26	31.69	1
2	EXCLUDED AREA SALARIES	16035981		16035981	525576.00	30.51	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	135572946		135572946	4259134.26	31.83	3
4	SUBTOTAL OTHER WAGES & REL COSTS	723819		723819	10435.02	69.36	4
5	SUBTOTAL WAGE-RELATED COSTS	40609291		40609291		29.95%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	176906056		176906056	4269569.28	41.43	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	46514435		46514435	1492724.35	31.16	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		12637		324	12961	1
2 UNDUPLICATED CENSUS COUNT		2724.00	41.00	670.00	3435.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.80		.80	4
5 OTHER ADMINISTRATIVE PERSONNEL	40.24		40.24	5
6 DIRECT NURSING SERVICE	47.52		47.52	6
7 NURSING SUPERVISOR	2.54		2.54	7
8 PHYSICAL THERAPY SERVICE	14.59	1.34	15.93	8
9 PHYSICAL THERAPY SUPERVISOR	1.32		1.32	9
10 OCCUPATIONAL THERAPY SERVICE	3.11	.02	3.13	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.32		.32	11
12 SPEECH PATHOLOGY SERVICE	.86		.86	12
13 SPEECH PATHOLOGY SUPERVISOR	.32		.32	13
14 MEDICAL SOCIAL SERVICE	1.09		1.09	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	13.97		13.97	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 REGISTERED DIETICIAN	1.09		1.09	18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	38326	1857	780	489		41452	21
22	SKILLED NURSING VISIT CHARGES	6836995	340457	138853	87620		7403925	22
23	PHYSICAL THERAPY VISITS	17908	266	115	287		18576	23
24	PHYSICAL THERAPY VISIT CHARGES	3491654	51870	22425	55965		3621914	24
25	OCCUPATIONAL THERAPY VISITS	3197	99	4	66		3366	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	623415	19305	780	12870		656370	26
27	SPEECH PATHOLOGY VISITS	952	121	2	16		1091	27
28	SPEECH PATHOLOGY VISIT CHARGES	185640	23595	390	3120		212745	28
29	MEDICAL SOCIAL SERVICE VISITS	568	60	3	13		644	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	161096	16886	855	3634		182471	30
31	HOME HEALTH AIDE VISITS	11749	749	16	123		12637	31
32	HOME HEALTH AIDE VISIT CHARGES	1257009	80143	1712	13161		1352025	32
33	TOTAL VISITS	72700	3152	920	994		77766	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	12555809	532256	165015	176370		13429450	35
36	TOTAL NUMBER OF EPISODES	3522		334	77		3933	36
37	TOTAL NUMBER OF OUTLIER EPISODES		61				61	37
38	TOTAL MEDICAL SUPPLY CHARGES	172977	56971	5123	1004		236075	38

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1591

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE			2			1
2 ROUTINE HOME CARE	30094	92	8832	35	1095	31281 2
3 INPATIENT RESPITE CARE	44		20			44 3
4 GENERAL INPATIENT CARE	404	22	367	18	52	478 4
5 TOTAL HOSPICE DAYS	30542	114	9221	53	1147	31803 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	699	13			53	765 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	43.69	8.77			21.64	41.57 8
9 UNDUPLICATED CENSUS COUNT	699	13			51	763 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	1868052	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	1868052	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.246321	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	41968951	28
29	TOTAL GROSS MEDICAID COST	10337834	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	15279601	30
31	UNCOMPENSATED CARE COST	3763687	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	10337834	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	
71	7100 HOME HEALTH AGENCY	8416674	1308325	9724999	28802	9753801	-740	9753061	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		6733182	6733182	-6733182				88
93	9300 HOSPICE	2230898	1390241	3621139	5851	3626990	-182	3626808	93
95	SUBTOTALS	153801573	161402758	315204331	-899217	314305114	-33042354	281262760	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	97908	231789	329697		329697		329697	96
98	9800 PHYSICIANS' PRIVATE OFFICES		39370	39370	864144	903514	-38362	865152	98
100	7950 NEW DIRECTION	95859	24927	120786	12555	133341		133341	100
100.01	7951 HOME DELIVERED MEALS								100.01
100.02	7952 PHP MEALS								100.02
100.05	7954 RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06	7955 PRIVATE DUTY NURSING	813514	18124	831638	3750	835388		835388	100.06
100.07	7956 PHYSICIAN REFERRAL CENTER	78756	881	79637	18768	98405		98405	100.07
101	TOTAL	154887610	161717849	316605459		316605459	-33080716	283524743	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		6733182 1
2	X				2
3 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		3909682 3
4	X				4
5 SHARED NFS COST	C	CAFETERIA	12	1328689	545691 5
6	X				6
7 PCC DEPRECIATION	D	LABORATORY	44		4259 7
8	D	RADIOLOGY-DIAGNOSTIC	41		27520 8
9	D	PHYSICAL THERAPY	50		24815 9
10	D	CARDIAC REHABILITATION	59.97		27347 10
11	D	PCC	61.01		113371 11
12	D	PHYSICIANS' PRIVATE OFFICES	98		272103 12
13	D	DIETARY	11		6770 13
14	D	PHYSICIAN REFERRAL CENTER	100.07		5910 14
15	D	OUTPATIENT PSYCH SERVICES	60.01		26012 15
16	D	NEW DIRECTION	100		3953 16
17	X				17
18 PCC OPERATING EXPENSES	E	LABORATORY	44		9059 18
19	E	RADIOLOGY-DIAGNOSTIC	41		58535 19
20	E	PHYSICAL THERAPY	50		52781 20
21	E	CARDIAC REHABILITATION	59.97		58167 21
22	E	PCC	61.01		241141 22
23	E	PHYSICIANS' PRIVATE OFFICES	98		578765 23
24	E	DIETARY	11		14401 24
25	E	PHYSICIAN REFERRAL CENTER	100.07		12570 25
26	E	OUTPATIENT PSYCH SERVICES	60.01		55328 26
27	E	NEW DIRECTION	100		8409 27
28	X				28
29 INSURANCE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		309130 29
30	X				30
31 PCC/LEMONT BUILDING INSURANCE	G	LABORATORY	44		208 31
32	G	RADIOLOGY-DIAGNOSTIC	41		1343 32
33	G	PHYSICAL THERAPY	50		1211 33
34	G	CARDIAC REHABILITATION	59.97		1334 34
35	G	PCC	61.01		5531 35
36 SUBTOTAL				1328689	13108528 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 INTEREST	A	INTEREST EXPENSE	88		6733182	11 1
2	X					2
3 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		3909682	3
4	X					4
5 SHARED NFS COST	C	DIETARY	11	1328689	545691	5
6	X					6
7 PCC DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		512060	9 7
8	D					8
9	D					9
10	D					10
11	D					11
12	D					12
13	D					13
14	D					14
15	D					15
16	D					16
17	X					17
18 PCC OPERATING EXPENSES	E	PCC	61.01		1089156	18
19	E					19
20	E					20
21	E					21
22	E					22
23	E					23
24	E					24
25	E					25
26	E					26
27	E					27
28	X					28
29 INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	6.06		309130	12 29
30	X					30
31 PCC/LEMONT BUILDING INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		26798	12 31
32	G					32
33	G					33
34	G					34
35	G					35
36 SUBTOTAL				1328689	13125699	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	G	PHYSICIANS' PRIVATE OFFICES	98		13276	1
2	G	DIETARY	11		330	2
3	G	PHYSICIAN REFERRAL CENTER	100.07		288	3
4	G	OUTPATIENT PSYCH SERVICES	60.01		1269	4
5	G	NEW DIRECTION	100		193	5
6	G	HOME HEALTH AGENCY	71		1361	6
7	G	HOSPICE	93		363	7
8	G	PRIVATE DUTY NURSING	100.06		91	8
9	X					9
10 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	56		8791218	10
11	X					11
12 HHA DEPRECIATION	J	HOME HEALTH AGENCY	71		27441	12
13	J	HOSPICE	93		5488	13
14	J	PRIVATE DUTY NURSING	100.06		3659	14
15	X					15
16 ALLOCATE CV ADMINISTRATION	K	ADULTS & PEDIATRICS	25	230031	53940	16
17	K	OPERATING ROOM	37	94104	22066	17
18	K	CATH LAB	53.01	156840	36777	18
19	K	ELECTROCARDIOLOGY	53	20912	4904	19
20	K	CARDIAC REHABILITATION	59.97	20912	4904	20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1851488	22076096	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	X				9
10 CHARGEABLE DRUGS	H	PHARMACY	16		10
11	X				11
12 HHA DEPRECIATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		9 12
13	J				13
14	J				14
15	X				15
16 ALLOCATE CV ADMINISTRATION	K	CATH LAB	53.01	522799	122591 16
17	K				17
18	K				18
19	K				19
20	K				20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1851488 22076096	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2882847	4482417		4482417		7365264		1
2 LAND IMPROVEMENTS	6365438	108101		108101		6473539	2659430	2
3 BUILDINGS AND FIXTURES	139118504	59756366		59756366		198874870	34253859	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	50790080				25414162	25375918		5
6 MOVABLE EQUIPMENT	134315447	6631813		6631813	755283	140191977	67755156	6
7 SUBTOTAL	333472316	70978697		70978697	26169445	378281568	104668445	7
8 RECONCILING ITEMS	50790080				25414162	25375918		8
9 TOTAL	282682236	70978697		70978697	755283	352905650	104668445	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	8
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	212713674		212713674	.562316				3
4 NEW CAP REL COSTS-MVBLE EQUIP	165567896		165567896	.437684				4
5 TOTAL	378281570		378281570	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	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		3785820			282332			4068152 3
4 NEW CAP REL COSTS-MVBLE EQUIP		8641786						8641786 4
5 TOTAL		12427606			282332			12709938 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	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		4298375						4298375 3
4 NEW CAP REL COSTS-MVBLE EQUIP		8678843						8678843 4
5 TOTAL		12977218						12977218 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	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	9 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-182297	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3546116			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-971665	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-53808	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-20705	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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	91096	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	39094	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				
37 TV DEPRECIATION	A	-64625	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
38 INTEREST EXPENSE	A	-6733182	NEW CAP REL COSTS-BLDG & FIXT	3	11 38
39 LIFELINE	B	-11526	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39
40 LIFELINE	B	-47576	ADMINISTRATIVE & GENERAL	6.06	40
41 MISCELLANEOUS INCOME	B	-271421	ADMINISTRATIVE & GENERAL	6.06	41
42 MISCELLANEOUS INCOME	B	-47190	NURSING ADMINISTRATION	14	42
42.01 DISCOUNTS	B	-49418	ADMINISTRATIVE & GENERAL	6.06	42.01
42.04 SELF INSURANCE FUND INCOME	B	-793278	ADMINISTRATIVE & GENERAL	6.06	42.04
42.06 VISITOR MEAL COST	A	-31807	DIETARY	11	42.06
42.15 AMORT OF CAPITALIZED INTEREST	A	-20418	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.15
42.18 1987 ASSET LIFE ADJUSTMENT	A	-33771	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.18
43 PHYSICIANS OFFSET	A	-1915146	ADMINISTRATIVE & GENERAL	6.06	43
43.01 PHYSICIANS OFFSET - FICA	A	-138033	EMPLOYEE BENEFITS	5	43.01
43.05 AHA/IHA LOBBYING EXPENSE	A	-39558	ADMINISTRATIVE & GENERAL	6.06	43.05
43.10 NAHC LOBBYING EXPENSE	A	-740	HOME HEALTH AGENCY	71	43.10
43.15 NHPCO LOBBYING EXPENSE	A	-182	HOSPICE	93	43.15
43.20 CABLE TV	A	-1971	ADMINISTRATIVE & GENERAL	6.06	43.20
43.25 CABLE TV	A	-888	CARDIAC REHABILITATION	59.97	43.25
43.30 CONVENT DEPRECIATION	A	-2840	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.30
43.40 REAL ESTATE TAXES	A	-70245	ADMINISTRATIVE & GENERAL	6.06	43.40
43.45 REAL ESTATE TAXES	A	-38362	PHYSICIANS' PRIVATE OFFICES	98	43.45
43.50 REAL ESTATE TAXES	A	-166680	PCC	61.01	43.50
43.60 FUNDRAISING DONATIONS	A	-25000	ADMINISTRATIVE & GENERAL	6.06	43.60
43.65 ADVERTISING EXPENSE	A	-1384125	ADMINISTRATIVE & GENERAL	6.06	43.65
43.70 1990 ASSET LIFE CORRECTION	A	2026	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.70
43.80 NON-ALLOWABLE EXPENSE - LIQ	A	-2922	ADMINISTRATIVE & GENERAL	6.06	43.80
44 PHP TRANSPORTATION	A	-6148	OUTPATIENT PSYCH SERVICES	60.01	44
45 PHYSICIAN BILLING	A	-12970	ADMINISTRATIVE & GENERAL	6.06	45
46 FALL GALA	A	-118720	ADMINISTRATIVE & GENERAL	6.06	46
47 BAD DEBT EXPENSE	A	-15680754	ADMINISTRATIVE & GENERAL	6.06	47

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
47.10 HOME DELIVERED MEALS REVENUE	B	-51123	DIETARY	11	47.10
47.20 BABY PHOTO REVENUE	B	-2503	ADMINISTRATIVE & GENERAL	6.06	47.20
48 REIMBURSEMENT OF PMG EXPENSES	B	-25113	EMPLOYEE BENEFITS	5	48
48.10 REIMBURSEMENT OF PMG EXPENSES	B	-119925	DATA PROCESSING	6.02	48.10
48.20 REIMBURSEMENT OF PMG EXPENSES	B	-11275	PURCHASING & STORES	6.03	48.20
48.30 REIMBURSEMENT OF PMG EXPENSES	B	-199875	CASHIERING	6.05	48.30
48.40 REIMBURSEMENT OF PMG EXPENSES	B	-165281	ADMINISTRATIVE & GENERAL	6.06	48.40
48.50 REIMBURSEMENT OF PMG EXPENSES	B	-153750	PCC	61.01	48.50
49					49
50 TOTAL		-33080716			50

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	31	SUBPROVIDER I	PSYCHIATRY	143451		143451	154100	890	65937	3297
2	26	INTENSIVE CARE UNIT	ICU	31800		31800	177200	328	27943	1397
3	25	ADULTS & PEDIATRICS	NEONATAL	225000	225000					
4	44	LABORATORY	LABORATORY	75000		75000	215700	2592	268795	13440
5	49	RESPIRATORY THERAPY	RESP. THERAPY	50400		50400	177200	345	29391	1470
6	50	PHYSICAL THERAPY	PHYSICAL THERAPY	148000		148000	177200	1108	94393	4720
7	61.01	PCC	PCC	2039020	2039020					
8	56.02	PULMONARY FUNCTION	PULMONARY	6000	6000					
9	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB	12000	12000					
10	40	ANESTHESIOLOGY	ANESTHESIOLOGY	200000	200000					
11	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTI							
12	59.97	CARDIAC REHABILITATION	CARDIAC REHAB	1760	1760					
13	37	OPERATING ROOM	CVOR	702087	702087					
14	25	ADULTS & PEDIATRICS	CV ADMIN	104333		104333	177200	290	24706	1235
15	25	ADULTS & PEDIATRICS	CVU	33000		33000	177200	120	10223	511
16	53.01	CATH LAB	CATH LAB	25000		25000	177200	120	10223	511
17	6.06	ADMINISTRATIVE & GENERAL	INFECTION CONTROL	30000		30000	177200	46	3919	196
18	61	EMERGENCY	EMERGENCY ROOM	61000	61000					
101		TOTAL		3887851	3246867	640984		5839	535530	26777

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	31 SUBPROVIDER I		PSYCHIATRY			65937	77514	77514
2	26 INTENSIVE CARE UNIT		ICU			27943	3857	3857
3	25 ADULTS & PEDIATRICS		NEONATAL					225000
4	44 LABORATORY		LABORATORY			268795		
5	49 RESPIRATORY THERAPY		RESP. THERAPY			29391	21009	21009
6	50 PHYSICAL THERAPY		PHYSICAL THERAPY			94393	53607	53607
7	61.01 PCC		PCC					2039020
8	56.02 PULMONARY FUNCTION		PULMONARY					6000
9	54 ELECTROENCEPHALOGRAPHY		SLEEP LAB					12000
10	40 ANESTHESIOLOGY		ANESTHESIOLOGY					200000
11	41 RADIOLOGY-DIAGNOSTIC		RADIOLOGY DIAGNOSTI					
12	59.97 CARDIAC REHABILITATION		CARDIAC REHAB					1760
13	37 OPERATING ROOM		CVOR					702087
14	25 ADULTS & PEDIATRICS		CV ADMIN			24706	79627	79627
15	25 ADULTS & PEDIATRICS		CVU			10223	22777	22777
16	53.01 CATH LAB		CATH LAB			10223	14777	14777
17	6.06 ADMINISTRATIVE & GENERAL		INFECTION CONTROL			3919	26081	26081
18	61 EMERGENCY		EMERGENCY ROOM					61000
101	TOTAL					535530	299249	3546116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	PROCESSING	PURCH &	ADMITTING
	FOR COST	BLDGS &	MOVABLE	BENEFITS	CATIONS		STORES	
	ALLOCATION	FIXTURES	EQUIPMENT					
	0	3	4	5	6.01	6.02	6.03	6.04
71 HOME HEALTH AGENCY	9753061	3265	47281	2607095	2806	411781	17528	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	3626808		276	712878			2824	93
95 SUBTOTALS	281262760	3932093	8640739	46296308	879773	8697090	782742	3746446 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	329697	17404		40736			142	96
98 PHYSICIANS' PRIVATE OFFICES	865152	118655	327		32272		870	98
100 NEW DIRECTION	133341		179	40736				100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING	835388			468462			497	100.06
100.07PHYSICIAN REFERRAL CENTER	98405		541	40736			266	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	283524743	4068152	8641786	46886978	912045	8697090	784517	3746446 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMINIS-	MAIN-	CLINICAL	LAUNDRY	HOUSE-	DIETARY
	6.05		TRATIVE +	TENANCE +	ENGINEER	& LINEN	KEEPING	
		5A	GENERAL	REPAIRS		SERVICE		
			6.06	7	7.01	9	10	11
71 HOME HEALTH AGENCY		12842817	1423292	11497	1099			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		4342786	481285					93
95 SUBTOTALS	5664433	280500937	27951493	8529318	984766	1723074	5617448	5678184 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		387979	42997	61283				96
98 PHYSICIANS' PRIVATE OFFICES		1017276	112739	417818			150461	98
100 NEW DIRECTION		174256	19312					100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING		1304347	144553					100.06
100.07PHYSICIAN REFERRAL CENTER		139948	15510					100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5664433	283524743	28286604	9008419	984766	1723074	5767909	5678184 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18		
71 HOME HEALTH AGENCY	1697		124554	4232			14409188	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			1286	325711			5151068	93
95 SUBTOTALS	1295683	3585088	6416919	6452524	5500902	1427983	279535067	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			27				492286	96
98 PHYSICIANS' PRIVATE OFFICES							1698294	98
100 NEW DIRECTION					1170		194738	100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING							1448900	100.06
100.07PHYSICIAN REFERRAL CENTER							155458	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1295683	3585088	6416946	6452524	5502072	1427983	283524743	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING & STORES		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
7.01	CLINICAL ENGINEERING		7.01
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	80823878	25
26	INTENSIVE CARE UNIT	9642725	26
31	SUBPROVIDER I	8277972	31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	26644630	37
38	RECOVERY ROOM	2786737	38
40	ANESTHESIOLOGY	1089168	40
41	RADIOLOGY-DIAGNOSTIC	13897774	41
41.01	ULTRASOUND	2361432	41.01
41.02	CT SCAN	4691867	41.02
41.03	MRI	819616	41.03
44	LABORATORY	18768767	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	3733747	47
48	INTRAVENOUS THERAPY	2511379	48
49	RESPIRATORY THERAPY	4815911	49
50	PHYSICAL THERAPY	7866499	50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY	303437	52
53	ELECTROCARDIOLOGY	4007720	53
53.01	CATH LAB	5443127	53.01
54	ELECTROENCEPHALOGRAPHY	443400	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6839994	55
55.30	IMPL. DEV. CHARGED TO PATIENT	12002232	55.30
56	DRUGS CHARGED TO PATIENTS	16459862	56
56.01	EMG	320781	56.01
56.02	PULMONARY FUNCTION	156084	56.02
56.03	ANGIOGRAPHY	1086034	56.03
57	RENAL DIALYSIS	561874	57
59	BLANK		59
59.97	CARDIAC REHABILITATION	1397487	59.97
OUTPATIENT SERVICE COST CENTERS			
60.01	OUTPATIENT PSYCH SERVICES	1913068	60.01
61	EMERGENCY	14208813	61
61.01	PCC	6098796	61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
71	HOME HEALTH AGENCY	14409188	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
93	HOSPICE	5151068	93
95	SUBTOTALS	279535067	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	492286	96
98	PHYSICIANS' PRIVATE OFFICES	1698294	98
100	NEW DIRECTION	194738	100
100.01	HOME DELIVERED MEALS		100.01
100.02	PHP MEALS		100.02
100.05	RESIDENCE/ST. GEORGE CORPORATIO		100.05
100.06	PRIVATE DUTY NURSING	1448900	100.06
100.07	PHYSICIAN REFERRAL CENTER	155458	100.07
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	283524743	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	PURCH &	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	CATIONS	PROCESSING	STORES
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	3	4	4A	5	6.01	6.02	6.03
71 HOME HEALTH AGENCY	2015	3265	47281	52561	1709	97	117424	229 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	318224		276	318500	467			37 93
95 SUBTOTALS	607008	3932093	8640739	13179840	30345	30373	2480073	10229 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		17404		17404	27			2 96
98 PHYSICIANS' PRIVATE OFFICES		118655	327	118982		1114		11 98
100 NEW DIRECTION			179	179	27			100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING	134			134	307			6 100.06
100.07PHYSICIAN REFERRAL CENTER			541	541	27			3 100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	607142	4068152	8641786	13317080	30733	31487	2480073	10251 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING 6.05	ADMINIS- TRATIVE + GENERAL 6.06	MAIN- TENANCE + REPAIRS 7	CLINICAL ENGINEER 7.01	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
71 HOME HEALTH AGENCY			71701	1893	47			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			24246					93
95 SUBTOTALS	37234	359857	1408094	1404153	42516	77340	66620	247172 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			2166	10089				96
98 PHYSICIANS' PRIVATE OFFICES			5679	68784			1784	98
100 NEW DIRECTION			973					100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING			7282					100.06
100.07PHYSICIAN REFERRAL CENTER			781					100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	37234	359857	1424975	1483026	42516	77340	68404	247172 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18		
71 HOME HEALTH AGENCY	135		14886	120			260802	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			154	9271			352675	93
95 SUBTOTALS	103143	119652	766938	183658	235415	36054	13080725	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			3				29691	96
98 PHYSICIANS' PRIVATE OFFICES							196354	98
100 NEW DIRECTION					50		1229	100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING							7729	100.06
100.07PHYSICIAN REFERRAL CENTER							1352	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	103143	119652	766941	183658	235465	36054	13317080	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 COMMUNICATIONS		6.01
6.02 DATA PROCESSING		6.02
6.03 PURCHASING & STORES		6.03
6.04 ADMITTING		6.04
6.05 CASHIERING		6.05
6.06 ADMINISTRATIVE & GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
7.01 CLINICAL ENGINEERING		7.01
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	3132886	25
26 INTENSIVE CARE UNIT	312951	26
31 SUBPROVIDER I	320848	31
33 NURSERY		33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	1481202	37
38 RECOVERY ROOM	103155	38
40 ANESTHESIOLOGY	144623	40
41 RADIOLOGY-DIAGNOSTIC	1689584	41
41.01 ULTRASOUND	197947	41.01
41.02 CT SCAN	799673	41.02
41.03 MRI	109110	41.03
44 LABORATORY	834006	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	62161	47
48 INTRAVENOUS THERAPY	43070	48
49 RESPIRATORY THERAPY	221138	49
50 PHYSICAL THERAPY	351531	50
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY	3732	52
53 ELECTROCARDIOLOGY	362035	53
53.01 CATH LAB	454919	53.01
54 ELECTROENCEPHALOGRAPHY	30921	54
55 MEDICAL SUPPLIES CHARGED TO PAT	286757	55
55.30 IMPL. DEV. CHARGED TO PATIENT	71777	55.30
56 DRUGS CHARGED TO PATIENTS	251095	56
56.01 EMG	8338	56.01
56.02 PULMONARY FUNCTION	12696	56.02
56.03 ANGIOGRAPHY	121908	56.03
57 RENAL DIALYSIS	16074	57
59 BLANK		59
59.97 CARDIAC REHABILITATION	23574	59.97
OUTPATIENT SERVICE COST CENTERS		
60.01 OUTPATIENT PSYCH SERVICES	17747	60.01
61 EMERGENCY	697963	61
61.01 PCC	303827	61.01
62 OBSERVATION BEDS (NON-DISTINCT		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
71	HOME HEALTH AGENCY	260802	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
93	HOSPICE	352675	93
95	SUBTOTALS	13080725	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	29691	96
98	PHYSICIANS' PRIVATE OFFICES	196354	98
100	NEW DIRECTION	1229	100
100.01	HOME DELIVERED MEALS		100.01
100.02	PHP MEALS		100.02
100.05	RESIDENCE/ST. GEORGE CORPORATIO		100.05
100.06	PRIVATE DUTY NURSING	7729	100.06
100.07	PHYSICIAN REFERRAL CENTER	1352	100.07
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	13317080	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
	3	4	5	6.01	6.02	6.03	
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	451	47698	128	4	116	987	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE		278	35			159	93
95 SUBTOTALS	543146	8716879	2273	1254	2450	44076	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2404		2			8	96
98 PHYSICIANS' PRIVATE OFFICES	16390	330		46		49	98
100 NEW DIRECTION		181	2				100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT							100.05
100.06 PRIVATE DUTY NURSING			23			28	100.06
100.07 PHYSICIAN REFERRAL CENTER		546	2			15	100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	4068152	8641786	46886978	912045	8697090	784517	103
104 UNIT COST MULT-WS B PT I		.991265		701.573077		17.758896	
104 UNIT COST MULT-WS B PT I	7.239478		20367.931364		3549.832653		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			30733	31487	2480073	10251	107
108 UNIT COST MULT-WS B PT III				24.220769		.232049	
108 UNIT COST MULT-WS B PT III			13.350565		1012.274694		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	TIME SPENT	MEALS SERVED	FTES	FTES	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	
	10	11	12	14	15	16	17	
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			2		208964	4980		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE					2157	383291		93
95 SUBTOTALS	16502	289567	1527	979	10765688	7593218	4700	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C					46			96
98 PHYSICIANS' PRIVATE OFFICES	442							98
100 NEW DIRECTION							1	100
100.01 HOME DELIVERED MEALS								100.01
100.02 PHP MEALS								100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT								100.05
100.06 PRIVATE DUTY NURSING								100.06
100.07 PHYSICIAN REFERRAL CENTER								100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5767909	5678184	1295683	3585088	6416946	6452524	5502072	103
104 UNIT COST MULT-WS B PT I	340.410116		848.515390		.596053		1170.404595	
104 UNIT COST MULT-WS B PT I		19.609223		3661.989785		.849775		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	68404	247172	103143	119652	766941	183658	235465	106
108 UNIT COST MULT-WS B PT III	4.037063		67.546169		.071239		50.088279	107
108 UNIT COST MULT-WS B PT III		.853592		122.218590		.024187		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1			1
2			2
3			3
4			4
5			5
6.01			6.01
6.02			6.02
6.03			6.03
6.04			6.04
6.05			6.05
6.06			6.06
7			7
7.01			7.01
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18	990		18
20			20
21			21
22			22
23			23
24			24
INPATIENT ROUTINE SERV COST CENTERS			
25	862		25
26	54		26
31			31
33			33
ANCILLARY SERVICE COST CENTERS			
37			37
38			38
40			40
41			41
41.01			41.01
41.02			41.02
41.03			41.03
44			44
46.30			46.30
47			47
48			48
49			49
50			50
51			51
52			52
53			53
53.01			53.01
54			54
55			55
55.30			55.30
56			56
56.01			56.01
56.02			56.02
56.03			56.03
57			57
59			59
59.97			59.97
OUTPATIENT SERVICE COST CENTERS			
60.01			60.01
61	74		61
61.01			61.01
62			62
63.50			63.50
63.60			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10			69.10
69.20			69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE			93
95 SUBTOTALS	990		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98 PHYSICIANS' PRIVATE OFFICES			98
100 NEW DIRECTION			100
100.01 HOME DELIVERED MEALS			100.01
100.02 PHP MEALS			100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT			100.05
100.06 PRIVATE DUTY NURSING			100.06
100.07 PHYSICIAN REFERRAL CENTER			100.07
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	1427983		103
104 UNIT COST MULT-WS B PT I	1442.407071		104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	36054		107
108 UNIT COST MULT-WS B PT III	36.418182		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	80823878		80823878	102404	80926282	25
26 INTENSIVE CARE UNIT	9642725		9642725	3857	9646582	26
31 SUBPROVIDER I	8277972		8277972	77514	8355486	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	26644630		26644630		26644630	37
38 RECOVERY ROOM	2786737		2786737		2786737	38
40 ANESTHESIOLOGY	1089168		1089168		1089168	40
41 RADIOLOGY-DIAGNOSTIC	13897774		13897774		13897774	41
41.01 ULTRASOUND	2361432		2361432		2361432	41.01
41.02 CT SCAN	4691867		4691867		4691867	41.02
41.03 MRI	819616		819616		819616	41.03
44 LABORATORY	18768767		18768767		18768767	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3733747		3733747		3733747	47
48 INTRAVENOUS THERAPY	2511379		2511379		2511379	48
49 RESPIRATORY THERAPY	4815911		4815911	21009	4836920	49
50 PHYSICAL THERAPY	7866499		7866499	53607	7920106	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	303437		303437		303437	52
53 ELECTROCARDIOLOGY	4007720		4007720		4007720	53
53.01 CATH LAB	5443127		5443127	14777	5457904	53.01
54 ELECTROENCEPHALOGRAPHY	443400		443400		443400	54
55 MEDICAL SUPPLIES CHARGED TO	6839994		6839994		6839994	55
55.30 IMPL. DEV. CHARGED TO PATIE	12002232		12002232		12002232	55.30
56 DRUGS CHARGED TO PATIENTS	16459862		16459862		16459862	56
56.01 EMG	320781		320781		320781	56.01
56.02 PULMONARY FUNCTION	156084		156084		156084	56.02
56.03 ANGIOGRAPHY	1086034		1086034		1086034	56.03
57 RENAL DIALYSIS	561874		561874		561874	57
59 BLANK						59
59.97 CARDIAC REHABILITATION	1397487		1397487		1397487	59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	1913068		1913068		1913068	60.01
61 EMERGENCY	14208813		14208813		14208813	61
61.01 PCC	6098796		6098796		6098796	61.01
62 OBSERVATION BEDS (NON-DISTI	4364859		4364859		4364859	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	264339670		264339670	273168	264612838	101
102 LESS OBSERVATION BEDS	4364859		4364859		4364859	102
103 TOTAL	259974811		259974811	273168	260247979	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	113918379		113918379			25
26 INTENSIVE CARE UNIT	13857120		13857120			26
31 SUBPROVIDER I	10137801		10137801			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	73151076	80374324	153525400	.173552	.173552	.173552 37
38 RECOVERY ROOM	5767037	4251660	10018697	.278154	.278154	.278154 38
40 ANESTHESIOLOGY	13812418	10185745	23998163	.045385	.045385	.045385 40
41 RADIOLOGY-DIAGNOSTIC	20611925	39696296	60308221	.230446	.230446	.230446 41
41.01 ULTRASOUND	8505325	15196399	23701724	.099631	.099631	.099631 41.01
41.02 CT SCAN	36874537	61635397	98509934	.047628	.047628	.047628 41.02
41.03 MRI	6359341	5767096	12126437	.067589	.067589	.067589 41.03
44 LABORATORY	95093119	89779905	184873024	.101522	.101522	.101522 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5875511	1799658	7675169	.486471	.486471	.486471 47
48 INTRAVENOUS THERAPY	1217614	2902716	4120330	.609509	.609509	.609509 48
49 RESPIRATORY THERAPY	33739919	2960130	36700049	.131224	.131224	.131796 49
50 PHYSICAL THERAPY	6876525	14646770	21523295	.365488	.365488	.367978 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	1177865	413979	1591844	.190620	.190620	.190620 52
53 ELECTROCARDIOLOGY	22073587	16650774	38724361	.103494	.103494	.103494 53
53.01 CATH LAB	19358047	8824002	28182049	.193142	.193142	.193666 53.01
54 ELECTROENCEPHALOGRAPHY	748446	1250749	1999195	.221789	.221789	.221789 54
55 MEDICAL SUPPLIES CHARGED TO	25606405	9637155	35243560	.194078	.194078	.194078 55
55.30 IMPL. DEV. CHARGED TO PATIE	17621347	4252691	21874038	.548698	.548698	.548698 55.30
56 DRUGS CHARGED TO PATIENTS	46057438	7145948	53203386	.309376	.309376	.309376 56
56.01 EMG	182245	1610436	1792681	.178939	.178939	.178939 56.01
56.02 PULMONARY FUNCTION	237362	1320343	1557705	.100201	.100201	.100201 56.02
56.03 ANGIOGRAPHY	4416015	1216652	5632667	.192810	.192810	.192810 56.03
57 RENAL DIALYSIS	1495864	19652	1515516	.370748	.370748	.370748 57
59 BLANK						59
59.97 CARDIAC REHABILITATION	641765	2220322	2862087	.488276	.488276	.488276 59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	2523	3552021	3554544	.538203	.538203	.538203 60.01
61 EMERGENCY	25533600	41230425	66764025	.212821	.212821	.212821 61
61.01 PCC	74972	8479829	8554801	.712909	.712909	.712909 61.01
62 OBSERVATION BEDS (NON-DISTI	1613699	5772742	7386441	.590929	.590929	.590929 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	612638827	442793816	1055432643			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	612638827	442793816	1055432643			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3132886		3132886
26 INTENSIVE CARE UNIT				312951		312951
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				320848		320848
33 NURSERY						
101 TOTAL				3766685		3766685

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	81318	51582			38.53	1987454
26 INTENSIVE CARE UNIT	5846	4736			53.53	253518
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5855	2279			54.80	124889
33 NURSERY	2547					
101 TOTAL	95566	58597				2365861

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1481202	153525400	39829936			.009648	384279 37
38 RECOVERY ROOM		103155	10018697	3131882			.010296	32246 38
40 ANESTHESIOLOGY		144623	23998163	6866689			.006026	41379 40
41 RADIOLOGY-DIAGNOSTIC		1689584	60308221	14556580			.028016	407817 41
41.01 ULTRASOUND		197947	23701724	5652427			.008352	47209 41.01
41.02 CT SCAN		799673	98509934	23265355			.008118	188868 41.02
41.03 MRI		109110	12126437	3730712			.008998	33569 41.03
44 LABORATORY		834006	184873024	62432857			.004511	281635 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62161	7675169	4132295			.008099	33467 47
48 INTRAVENOUS THERAPY		43070	4120330	906902			.010453	9480 48
49 RESPIRATORY THERAPY		221138	36700049	25281984			.006026	152349 49
50 PHYSICAL THERAPY		351531	21523295	5364738			.016333	87622 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3732	1591844	1037390			.002344	2432 52
53 ELECTROCARDIOLOGY		362035	38724361	15197044			.009349	142077 53
53.01 CATH LAB		454919	28182049	10380175			.016142	167557 53.01
54 ELECTROENCEPHALOGRAPHY		30921	1999195	494464			.015467	7648 54
55 MEDICAL SUPPLIES CHARGED TO P		286757	35243560	16009181			.008136	130251 55
55.30 IMPL. DEV. CHARGED TO PATIENT		71777	21874038	10888152			.003281	35724 55.30
56 DRUGS CHARGED TO PATIENTS		251095	53203386	29952737			.004720	141377 56
56.01 EMG		8338	1792681	121697			.004651	566 56.01
56.02 PULMONARY FUNCTION		12696	1557705	151530			.008150	1235 56.02
56.03 ANGIOGRAPHY		121908	5632667	3522665			.021643	76241 56.03
57 RENAL DIALYSIS		16074	1515516	1228045			.010606	13025 57
59 BLANK								59
59.97 CARDIAC REHABILITATION		23574	2862087	430049			.008237	3542 59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		17747	3554544	2523			.004993	13 60.01
61 EMERGENCY		697963	66764025	15665282			.010454	163765 61
61.01 PCC		303827	8554801	70889			.035515	2518 61.01
62 OBSERVATION BEDS (NON-DISTINC		168977	7386441	955441			.022877	21858 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8869540	917519343	301259621				2609749 101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	COSTS
101 TOTAL								
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					81318		51582	25
26 INTENSIVE CARE UNIT					5846		4736	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5855		2279	31
33 NURSERY					2547			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					95566		58597	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
59 BLANK							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
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 (14-0062) [] 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		153525400			39829936		23478068 37
38 RECOVERY ROOM		10018697			3131882		1028969 38
40 ANESTHESIOLOGY		23998163			6866689		2874266 40
41 RADIOLOGY-DIAGNOSTIC		60308221			14556580		11223870 41
41.01 ULTRASOUND		23701724			5652427		4550450 41.01
41.02 CT SCAN		98509934			23265355		21265108 41.02
41.03 MRI		12126437			3730712		1695834 41.03
44 LABORATORY		184873024			62432857		8165412 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7675169			4132295		943781 47
48 INTRAVENOUS THERAPY		4120330			906902		1205387 48
49 RESPIRATORY THERAPY		36700049			25281984		1346840 49
50 PHYSICAL THERAPY		21523295			5364738		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1591844			1037390		52
53 ELECTROCARDIOLOGY		38724361			15197044		5632192 53
53.01 CATH LAB		28182049			10380175		4403803 53.01
54 ELECTROENCEPHALOGRAPHY		1999195			494464		447641 54
55 MEDICAL SUPPLIES CHARGED TO P		35243560			16009181		2727859 55
55.30 IMPL. DEV. CHARGED TO PATIENT		21874038			10888152		1821377 55.30
56 DRUGS CHARGED TO PATIENTS		53203386			29952737		2895140 56
56.01 EMG		1792681			121697		557225 56.01
56.02 PULMONARY FUNCTION		1557705			151530		558168 56.02
56.03 ANGIOGRAPHY		5632667			3522665		782458 56.03
57 RENAL DIALYSIS		1515516			1228045		13883 57
59 BLANK							59
59.97 CARDIAC REHABILITATION		2862087			430049		1026482 59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		3554544			2523		60.01
61 EMERGENCY		66764025			15665282		8791922 61
61.01 PCC		8554801			70889		1130695 61.01
62 OBSERVATION BEDS (NON-DISTINC		7386441			955441		1488510 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		917519343			301259621		110055340 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
59 BLANK					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
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 (14-0062) [] 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	.173552	.173552	.173552				37
38 RECOVERY ROOM	.278154	.278154	.278154				38
40 ANESTHESIOLOGY	.045385	.045385	.045385				40
41 RADIOLOGY-DIAGNOSTIC	.230446	.230446	.230446				41
41.01 ULTRASOUND	.099631	.099631	.099631				41.01
41.02 CT SCAN	.047628	.047628	.047628				41.02
41.03 MRI	.067589	.067589	.067589				41.03
44 LABORATORY	.101522	.101522	.101522				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.486471	.486471	.486471				47
48 INTRAVENOUS THERAPY	.609509	.609509	.609509				48
49 RESPIRATORY THERAPY	.131224	.131224	.131224				49
50 PHYSICAL THERAPY	.365488	.365488	.365488				50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	.190620	.190620	.190620				52
53 ELECTROCARDIOLOGY	.103494	.103494	.103494				53
53.01 CATH LAB	.193142	.193142	.193142				53.01
54 ELECTROENCEPHALOGRAPHY	.221789	.221789	.221789				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194078	.194078	.194078				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.548698	.548698	.548698				55.30
56 DRUGS CHARGED TO PATIENTS	.309376	.309376	.309376				56
56.01 EMG	.178939	.178939	.178939				56.01
56.02 PULMONARY FUNCTION	.100201	.100201	.100201				56.02
56.03 ANGIOGRAPHY	.192810	.192810	.192810				56.03
57 RENAL DIALYSIS	.370748	.370748	.370748				57
59 BLANK							59
59.97 CARDIAC REHABILITATION	.488276	.488276	.488276				59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES	.538203	.538203	.538203				60.01
61 EMERGENCY	.212821	.212821	.212821				61
61.01 PCC	.712909	.712909	.712909				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.590929	.590929	.590929				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES				1	.309376	1
2 PROGRAM VACCINE CHARGES				2	10525	2
2.01 PROGRAM VACCINE CHARGES				2.01		2.01
3 PROGRAM COSTS				3	3256	3
3.01 PROGRAM COSTS				3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] 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 (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		23478068						37
38 RECOVERY ROOM		1028969						38
40 ANESTHESIOLOGY		2874266						40
41 RADIOLOGY-DIAGNOSTIC		11223870						41
41.01 ULTRASOUND		4550450						41.01
41.02 CT SCAN		21265108						41.02
41.03 MRI		1695834						41.03
44 LABORATORY		8165412						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		943781						47
48 INTRAVENOUS THERAPY		1205387						48
49 RESPIRATORY THERAPY		1346840						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		5632192						53
53.01 CATH LAB		4403803						53.01
54 ELECTROENCEPHALOGRAPHY		447641						54
55 MEDICAL SUPPLIES CHARGED TO PA		2727859						55
55.30 IMPL. DEV. CHARGED TO PATIENT		1821377						55.30
56 DRUGS CHARGED TO PATIENTS		2895140						56
56.01 EMG		557225						56.01
56.02 PULMONARY FUNCTION		558168						56.02
56.03 ANGIOGRAPHY		782458						56.03
57 RENAL DIALYSIS		13883						57
59 BLANK								59
59.97 CARDIAC REHABILITATION		1026482						59.97
60.01 OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES								60.01
61 EMERGENCY		8791922						61
61.01 PCC		1130695						61.01
62 OBSERVATION BEDS (NON-DISTINCT		1488510						62
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		110055340						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		110055340						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM		4074666					38
40 RECOVERY ROOM		286212					40
41 ANESTHESIOLOGY		130449					41
41 RADIOLOGY-DIAGNOSTIC		2586496					41
41.01 ULTRASOUND		453366					41.01
41.02 CT SCAN		1012815					41.02
41.03 MRI		114620					41.03
44 LABORATORY		828969					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		459122					47
48 INTRAVENOUS THERAPY		734694					48
49 RESPIRATORY THERAPY		176738					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		582898					53
53.01 CATH LAB		850559					53.01
54 ELECTROENCEPHALOGRAPHY		99282					54
55 MEDICAL SUPPLIES CHARGED TO PAT		529417					55
55.30 IMPL. DEV. CHARGED TO PATIENT		999386					55.30
56 DRUGS CHARGED TO PATIENTS		895687					56
56.01 EMG		99709					56.01
56.02 PULMONARY FUNCTION		55929					56.02
56.03 ANGIOGRAPHY		150866					56.03
57 RENAL DIALYSIS		5147					57
59 BLANK							59
59.97 CARDIAC REHABILITATION		501207					59.97
60.01 OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1871106					61
61.01 PCC		806083					61.01
62 OBSERVATION BEDS (NON-DISTINCT		879604					62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		19185027					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19185027					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-S062) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1481202	153525400	27119			.009648	262 37
38 RECOVERY ROOM		103155	10018697				.010296	38
40 ANESTHESIOLOGY		144623	23998163				.006026	40
41 RADIOLOGY-DIAGNOSTIC		1689584	60308221	73631			.028016	2063 41
41.01 ULTRASOUND		197947	23701724	32518			.008352	272 41.01
41.02 CT SCAN		799673	98509934	202732			.008118	1646 41.02
41.03 MRI		109110	12126437	46088			.008998	415 41.03
44 LABORATORY		834006	184873024	1041928			.004511	4700 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62161	7675169	1897			.008099	15 47
48 INTRAVENOUS THERAPY		43070	4120330	5290			.010453	55 48
49 RESPIRATORY THERAPY		221138	36700049	94548			.006026	570 49
50 PHYSICAL THERAPY		351531	21523295	66240			.016333	1082 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3732	1591844	10428			.002344	24 52
53 ELECTROCARDIOLOGY		362035	38724361	107304			.009349	1003 53
53.01 CATH LAB		454919	28182049				.016142	53.01
54 ELECTROENCEPHALOGRAPHY		30921	1999195	19750			.015467	305 54
55 MEDICAL SUPPLIES CHARGED TO P		286757	35243560	77751			.008136	633 55
55.30 IMPL. DEV. CHARGED TO PATIENT		71777	21874038				.003281	55.30
56 DRUGS CHARGED TO PATIENTS		251095	53203386	410093			.004720	1936 56
56.01 EMG		8338	1792681	3286			.004651	15 56.01
56.02 PULMONARY FUNCTION		12696	1557705	25860			.008150	211 56.02
56.03 ANGIOGRAPHY		121908	5632667				.021643	56.03
57 RENAL DIALYSIS		16074	1515516	30056			.010606	319 57
59 BLANK								59
59.97 CARDIAC REHABILITATION		23574	2862087				.008237	59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		17747	3554544				.004993	60.01
61 EMERGENCY		697963	66764025	399057			.010454	4172 61
61.01 PCC		303827	8554801	228			.035515	8 61.01
62 OBSERVATION BEDS (NON-DISTINC		168977	7386441				.022877	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8869540	917519343	2675804				19706 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-S062) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
59 BLANK							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
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-S062) [] 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		153525400			27119		37
38 RECOVERY ROOM		10018697					38
40 ANESTHESIOLOGY		23998163					40
41 RADIOLOGY-DIAGNOSTIC		60308221			73631		41
41.01 ULTRASOUND		23701724			32518		41.01
41.02 CT SCAN		98509934			202732		41.02
41.03 MRI		12126437			46088		41.03
44 LABORATORY		184873024			1041928		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7675169			1897		47
48 INTRAVENOUS THERAPY		4120330			5290		48
49 RESPIRATORY THERAPY		36700049			94548		49
50 PHYSICAL THERAPY		21523295			66240		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1591844			10428		52
53 ELECTROCARDIOLOGY		38724361			107304		53
53.01 CATH LAB		28182049					53.01
54 ELECTROENCEPHALOGRAPHY		1999195			19750		54
55 MEDICAL SUPPLIES CHARGED TO P		35243560			77751		55
55.30 IMPL. DEV. CHARGED TO PATIENT		21874038					55.30
56 DRUGS CHARGED TO PATIENTS		53203386			410093		56
56.01 EMG		1792681			3286		56.01
56.02 PULMONARY FUNCTION		1557705			25860		56.02
56.03 ANGIOGRAPHY		5632667					56.03
57 RENAL DIALYSIS		1515516			30056		57
59 BLANK							59
59.97 CARDIAC REHABILITATION		2862087					59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		3554544					60.01
61 EMERGENCY		66764025			399057		61
61.01 PCC		8554801			228		61.01
62 OBSERVATION BEDS (NON-DISTINC		7386441					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		917519343			2675804		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-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
59 BLANK					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3132886		3132886
26 INTENSIVE CARE UNIT				312951		312951
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				320848		320848
33 NURSERY						
101 TOTAL				3766685		3766685

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	81318	1941			38.53	74787
26 INTENSIVE CARE UNIT	5846	306			53.53	16380
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5855	155			54.80	8494
33 NURSERY	2547	133				
101 TOTAL	95566	2535				99661

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1481202	153525400	1544744			.009648	14904 37
38 RECOVERY ROOM		103155	10018697	99972			.010296	1029 38
40 ANESTHESIOLOGY		144623	23998163	250671			.006026	1511 40
41 RADIOLOGY-DIAGNOSTIC		1689584	60308221	543435			.028016	15225 41
41.01 ULTRASOUND		197947	23701724	236518			.008352	1975 41.01
41.02 CT SCAN		799673	98509934	1259534			.008118	10225 41.02
41.03 MRI		109110	12126437	165797			.008998	1492 41.03
44 LABORATORY		834006	184873024	2744044			.004511	12378 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62161	7675169	119802			.008099	970 47
48 INTRAVENOUS THERAPY		43070	4120330	31189			.010453	326 48
49 RESPIRATORY THERAPY		221138	36700049	1243378			.006026	7493 49
50 PHYSICAL THERAPY		351531	21523295	92886			.016333	1517 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3732	1591844	18976			.002344	44 52
53 ELECTROCARDIOLOGY		362035	38724361	532631			.009349	4980 53
53.01 CATH LAB		454919	28182049	500169			.016142	8074 53.01
54 ELECTROENCEPHALOGRAPHY		30921	1999195	27650			.015467	428 54
55 MEDICAL SUPPLIES CHARGED TO P		286757	35243560	770158			.008136	6266 55
55.30 IMPL. DEV. CHARGED TO PATIENT		71777	21874038				.003281	55.30
56 DRUGS CHARGED TO PATIENTS		251095	53203386	1431284			.004720	6756 56
56.01 EMG		8338	1792681	15498			.004651	72 56.01
56.02 PULMONARY FUNCTION		12696	1557705	3199			.008150	26 56.02
56.03 ANGIOGRAPHY		121908	5632667	107358			.021643	2324 56.03
57 RENAL DIALYSIS		16074	1515516	54332			.010606	576 57
59 BLANK								59
59.97 CARDIAC REHABILITATION		23574	2862087	10015			.008237	82 59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		17747	3554544				.004993	60.01
61 EMERGENCY		697963	66764025	891918			.010454	9324 61
61.01 PCC		303827	8554801	603			.035515	21 61.01
62 OBSERVATION BEDS (NON-DISTINC		168977	7386441				.022877	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8869540	917519343	12695761				108018 101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

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 COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					81318		1941	25
26 INTENSIVE CARE UNIT					5846		306	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5855		155	31
33 NURSERY					2547		133	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					95566		2535	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
59 BLANK							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
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 (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		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		153525400			1544744		37
38 RECOVERY ROOM		10018697			99972		38
40 ANESTHESIOLOGY		23998163			250671		40
41 RADIOLOGY-DIAGNOSTIC		60308221			543435		41
41.01 ULTRASOUND		23701724			236518		41.01
41.02 CT SCAN		98509934			1259534		41.02
41.03 MRI		12126437			165797		41.03
44 LABORATORY		184873024			2744044		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7675169			119802		47
48 INTRAVENOUS THERAPY		4120330			31189		48
49 RESPIRATORY THERAPY		36700049			1243378		49
50 PHYSICAL THERAPY		21523295			92886		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1591844			18976		52
53 ELECTROCARDIOLOGY		38724361			532631		53
53.01 CATH LAB		28182049			500169		53.01
54 ELECTROENCEPHALOGRAPHY		1999195			27650		54
55 MEDICAL SUPPLIES CHARGED TO P		35243560			770158		55
55.30 IMPL. DEV. CHARGED TO PATIENT		21874038					55.30
56 DRUGS CHARGED TO PATIENTS		53203386			1431284		56
56.01 EMG		1792681			15498		56.01
56.02 PULMONARY FUNCTION		1557705			3199		56.02
56.03 ANGIOGRAPHY		5632667			107358		56.03
57 RENAL DIALYSIS		1515516			54332		57
59 BLANK							59
59.97 CARDIAC REHABILITATION		2862087			10015		59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		3554544					60.01
61 EMERGENCY		66764025			891918		61
61.01 PCC		8554801			603		61.01
62 OBSERVATION BEDS (NON-DISTINC		7386441					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		917519343			12695761		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
59 BLANK					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
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-S062) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		TOTAL	RATIO OF	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1481202	153525400			.009648	37
38 RECOVERY ROOM		103155	10018697			.010296	38
40 ANESTHESIOLOGY		144623	23998163			.006026	40
41 RADIOLOGY-DIAGNOSTIC		1689584	60308221			.028016	41
41.01 ULTRASOUND		197947	23701724			.008352	41.01
41.02 CT SCAN		799673	98509934			.008118	41.02
41.03 MRI		109110	12126437			.008998	41.03
44 LABORATORY		834006	184873024			.004511	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		62161	7675169			.008099	47
48 INTRAVENOUS THERAPY		43070	4120330			.010453	48
49 RESPIRATORY THERAPY		221138	36700049			.006026	49
50 PHYSICAL THERAPY		351531	21523295			.016333	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		3732	1591844			.002344	52
53 ELECTROCARDIOLOGY		362035	38724361			.009349	53
53.01 CATH LAB		454919	28182049			.016142	53.01
54 ELECTROENCEPHALOGRAPHY		30921	1999195			.015467	54
55 MEDICAL SUPPLIES CHARGED TO P		286757	35243560			.008136	55
55.30 IMPL. DEV. CHARGED TO PATIENT		71777	21874038			.003281	55.30
56 DRUGS CHARGED TO PATIENTS		251095	53203386			.004720	56
56.01 EMG		8338	1792681			.004651	56.01
56.02 PULMONARY FUNCTION		12696	1557705			.008150	56.02
56.03 ANGIOGRAPHY		121908	5632667			.021643	56.03
57 RENAL DIALYSIS		16074	1515516			.010606	57
59 BLANK							59
59.97 CARDIAC REHABILITATION		23574	2862087			.008237	59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		17747	3554544			.004993	60.01
61 EMERGENCY		697963	66764025			.010454	61
61.01 PCC		303827	8554801			.035515	61.01
62 OBSERVATION BEDS (NON-DISTINC		168977	7386441			.022877	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		8869540	917519343				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-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
59 BLANK							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
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-S062) [] 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		153525400					37
38 RECOVERY ROOM		10018697					38
40 ANESTHESIOLOGY		23998163					40
41 RADIOLOGY-DIAGNOSTIC		60308221					41
41.01 ULTRASOUND		23701724					41.01
41.02 CT SCAN		98509934					41.02
41.03 MRI		12126437					41.03
44 LABORATORY		184873024					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7675169					47
48 INTRAVENOUS THERAPY		4120330					48
49 RESPIRATORY THERAPY		36700049					49
50 PHYSICAL THERAPY		21523295					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1591844					52
53 ELECTROCARDIOLOGY		38724361					53
53.01 CATH LAB		28182049					53.01
54 ELECTROENCEPHALOGRAPHY		1999195					54
55 MEDICAL SUPPLIES CHARGED TO P		35243560					55
55.30 IMPL. DEV. CHARGED TO PATIENT		21874038					55.30
56 DRUGS CHARGED TO PATIENTS		53203386					56
56.01 EMG		1792681					56.01
56.02 PULMONARY FUNCTION		1557705					56.02
56.03 ANGIOGRAPHY		5632667					56.03
57 RENAL DIALYSIS		1515516					57
59 BLANK							59
59.97 CARDIAC REHABILITATION		2862087					59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		3554544					60.01
61 EMERGENCY		66764025					61
61.01 PCC		8554801					61.01
62 OBSERVATION BEDS (NON-DISTINC		7386441					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		917519343					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-S062) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
59 BLANK					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
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) (14-0062)	SUB I (PPS) (14-S062)	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)	81318	5855					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	81318	5855					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	81318	5855					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)	51582	2279					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) (14-0062)	SUB I (PPS) (14-S062)	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	80926282	8355486					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	80926282	8355486					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	113918379	10137801					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	113918379	10137801					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.710388	.824191					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1400.90	1731.48					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	80926282	8355486					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) (14-0062)	SUB I (PPS) (14-S062)	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	995.18	1427.07				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	51333375	3252293				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	51333375	3252293				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	9646582	5846	1650.12	4736	7814968	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	55151077	443297				48
49 TOTAL PROGRAM INPATIENT COSTS	114299420	3695590				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2240972	124889				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2609749	19706				51
52 TOTAL PROGRAM EXCLUDABLE COST	4850721	144595				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	109448699	3550995				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) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4386	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	995.18	84
85 OBSERVATION BED COST	4364859	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		80926282		4364859		86
87 NEW CAPITAL-RELATED COST	3132886	80926282	.038713	4364859	168977	87
88 NON PHYSICIAN ANESTHETIST		80926282		4364859		88
89 MEDICAL EDUCATION		80926282		4364859		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 (PPS) (14-0062)	SUB I (OTHER) (14-S062)	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)	81318	5855				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	81318	5855				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	81318	5855				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)	1941	155				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	2547					15
16 TITLE V OR XIX NURSERY DAYS	133					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 (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							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	80926282	8277972					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	80926282	8277972					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	113918379	10137801					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	113918379	10137801					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.710388	.816545					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1400.90	1731.48					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	80926282	8277972					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 (PPS) (14-0062)	SUB I (OTHER) (14-S062)	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	995.18	1413.83					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1931644	219144					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1931644	219144					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)			2547		133		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	9646582	5846	1650.12	306	504937		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2074284						48
49	TOTAL PROGRAM INPATIENT COSTS	4510865	219144					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	91167	8494					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	108018						51
52	TOTAL PROGRAM EXCLUDABLE COST	199185	8494					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	4311680						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 (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54			33			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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (OTHER)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4386	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	995.18	84
85 OBSERVATION BED COST	4364859	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		80926282		4364859		86
87 NEW CAPITAL-RELATED COST	3132886	80926282	.038713	4364859	168977	87
88 NON PHYSICIAN ANESTHETIST		80926282		4364859		88
89 MEDICAL EDUCATION		80926282		4364859		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0062) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		69207221		25
26 INTENSIVE CARE UNIT		9272879		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.173552	39829936	6912565	37
38 RECOVERY ROOM	.278154	3131882	871146	38
40 ANESTHESIOLOGY	.045385	6866689	311645	40
41 RADIOLOGY-DIAGNOSTIC	.230446	14556580	3354506	41
41.01 ULTRASOUND	.099631	5652427	563157	41.01
41.02 CT SCAN	.047628	23265355	1108082	41.02
41.03 MRI	.067589	3730712	252155	41.03
44 LABORATORY	.101522	62432857	6338309	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.486471	4132295	2010242	47
48 INTRAVENOUS THERAPY	.609509	906902	552765	48
49 RESPIRATORY THERAPY	.131796	25281984	3332064	49
50 PHYSICAL THERAPY	.367978	5364738	1974106	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.190620	1037390	197747	52
53 ELECTROCARDIOLOGY	.103494	15197044	1572803	53
53.01 CATH LAB	.193666	10380175	2010287	53.01
54 ELECTROENCEPHALOGRAPHY	.221789	494464	109667	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194078	16009181	3107030	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.548698	10888152	5974307	55.30
56 DRUGS CHARGED TO PATIENTS	.309376	29952737	9266658	56
56.01 EMG	.178939	121697	21776	56.01
56.02 PULMONARY FUNCTION	.100201	151530	15183	56.02
56.03 ANGIOGRAPHY	.192810	3522665	679205	56.03
57 RENAL DIALYSIS	.370748	1228045	455295	57
59 BLANK				59
59.97 CARDIAC REHABILITATION	.488276	430049	209983	59.97
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.538203	2523	1358	60.01
61 EMERGENCY	.212821	15665282	3333901	61
61.01 PCC	.712909	70889	50537	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590929	955441	564598	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		301259621	55151077	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		301259621		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-S062)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		4203085		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.173552	27119	4707	37
38 RECOVERY ROOM	.278154			38
40 ANESTHESIOLOGY	.045385			40
41 RADIOLOGY-DIAGNOSTIC	.230446	73631	16968	41
41.01 ULTRASOUND	.099631	32518	3240	41.01
41.02 CT SCAN	.047628	202732	9656	41.02
41.03 MRI	.067589	46088	3115	41.03
44 LABORATORY	.101522	1041928	105779	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.486471	1897	923	47
48 INTRAVENOUS THERAPY	.609509	5290	3224	48
49 RESPIRATORY THERAPY	.131796	94548	12461	49
50 PHYSICAL THERAPY	.367978	66240	24375	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.190620	10428	1988	52
53 ELECTROCARDIOLOGY	.103494	107304	11105	53
53.01 CATH LAB	.193666			53.01
54 ELECTROENCEPHALOGRAPHY	.221789	19750	4380	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194078	77751	15090	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.548698			55.30
56 DRUGS CHARGED TO PATIENTS	.309376	410093	126873	56
56.01 EMG	.178939	3286	588	56.01
56.02 PULMONARY FUNCTION	.100201	25860	2591	56.02
56.03 ANGIOGRAPHY	.192810			56.03
57 RENAL DIALYSIS	.370748	30056	11143	57
59 BLANK				59
59.97 CARDIAC REHABILITATION	.488276			59.97
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.538203			60.01
61 EMERGENCY	.212821	399057	84928	61
61.01 PCC	.712909	228	163	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590929			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2675804	443297	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2675804		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0062) [] SNF [XX] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3101935		25
26 INTENSIVE CARE UNIT		689358		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.173552	1544744	268093	37
38 RECOVERY ROOM	.278154	99972	27808	38
40 ANESTHESIOLOGY	.045385	250671	11377	40
41 RADIOLOGY-DIAGNOSTIC	.230446	543435	125232	41
41.01 ULTRASOUND	.099631	236518	23565	41.01
41.02 CT SCAN	.047628	1259534	59989	41.02
41.03 MRI	.067589	165797	11206	41.03
44 LABORATORY	.101522	2744044	278581	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.486471	119802	58280	47
48 INTRAVENOUS THERAPY	.609509	31189	19010	48
49 RESPIRATORY THERAPY	.131796	1243378	163872	49
50 PHYSICAL THERAPY	.367978	92886	34180	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.190620	18976	3617	52
53 ELECTROCARDIOLOGY	.103494	532631	55124	53
53.01 CATH LAB	.193666	500169	96866	53.01
54 ELECTROENCEPHALOGRAPHY	.221789	27650	6132	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194078	770158	149471	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.548698			55.30
56 DRUGS CHARGED TO PATIENTS	.309376	1431284	442805	56
56.01 EMG	.178939	15498	2773	56.01
56.02 PULMONARY FUNCTION	.100201	3199	321	56.02
56.03 ANGIOGRAPHY	.192810	107358	20700	56.03
57 RENAL DIALYSIS	.370748	54332	20143	57
59 BLANK				59
59.97 CARDIAC REHABILITATION	.488276	10015	4890	59.97
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.538203			60.01
61 EMERGENCY	.212821	891918	189819	61
61.01 PCC	.712909	603	430	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590929			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		12695761	2074284	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		12695761		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-S062)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.173552		37
38 RECOVERY ROOM	.278154		38
40 ANESTHESIOLOGY	.045385		40
41 RADIOLOGY-DIAGNOSTIC	.230446		41
41.01 ULTRASOUND	.099631		41.01
41.02 CT SCAN	.047628		41.02
41.03 MRI	.067589		41.03
44 LABORATORY	.101522		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.486471		47
48 INTRAVENOUS THERAPY	.609509		48
49 RESPIRATORY THERAPY	.131224		49
50 PHYSICAL THERAPY	.365488		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.190620		52
53 ELECTROCARDIOLOGY	.103494		53
53.01 CATH LAB	.193142		53.01
54 ELECTROENCEPHALOGRAPHY	.221789		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194078		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.548698		55.30
56 DRUGS CHARGED TO PATIENTS	.309376		56
56.01 EMG	.178939		56.01
56.02 PULMONARY FUNCTION	.100201		56.02
56.03 ANGIOGRAPHY	.192810		56.03
57 RENAL DIALYSIS	.370748		57
59 BLANK			59
59.97 CARDIAC REHABILITATION	.488276		59.97
OUTPATIENT SERVICE COST CENTERS			
60.01 OUTPATIENT PSYCH SERVICES	.538203		60.01
61 EMERGENCY	.212821		61
61.01 PCC	.712909		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590929		62
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

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	61229756					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	20409918					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						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	2264283					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	326.98					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	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	83903957					6
7						7
7.01						7.01
8	83903957					8
9	6758135					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	90662092					16
17	61530					17
18	90600562					18
19	7945036					19
20	395450					20
21	666692					21
21.01	466684					21.01
21.02	478646					21.02
22	82726760					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	82726760					26
27						27
28	82758903					28
28.01						28.01
29	-32143					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 (14-0062) 1	HOSPITAL (14-0062) 1.01	HOSPITAL (14-0062) 1.02	
1 MEDICAL AND OTHER SERVICES	3256			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19185027			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17161953			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	3256			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	10525			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	10525			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	10525			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7269			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3256			17
17.01 TOTAL PPS PAYMENTS	17161953			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0062) 1	HOSPITAL (14-0062) 1.01	HOSPITAL (14-0062) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	4265269		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	12899940		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	12899940		23
24 PRIMARY PAYER PAYMENTS	4272		24
25 SUBTOTAL	12895668		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	176167		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	123317		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	122722		27.02
28 SUBTOTAL	13018985		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	13018985		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13035239		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-16254		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			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-S062)	SUB I (14-S062)	SUB I (14-S062)	
	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-S062)	SUB I (14-S062)	SUB I (14-S062)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S062)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2284541		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05				3.05
				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53				3.53
				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		2284541		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				5.01
PROGRAM .01				5.02
TO .02				5.03
PROVIDER .03				5.50
PROVIDER .50				5.51
TO .51				5.52
PROGRAM .52				
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO .01				6.02
PROVIDER TO .02				
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				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 SUB II SUB III SUB IV
 (14-S062)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1910798				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	584356				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.041096				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2495154				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2495154				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2495154				4
5	PRIMARY PAYER PAYMENTS	2809				5
6	SUBTOTAL	2492345				6
7	DEDUCTIBLES	194636				7
8	SUBTOTAL	2297709				8
9	COINSURANCE	13168				9
10	SUBTOTAL	2284541				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	48989				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	34292				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	2318833				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2011.03
05/17/2011 15:52

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S062)	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	2318833				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2284541				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	34292				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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)					50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	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 (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES						
2	INPATIENT HOSPITAL/SNF/NF SERVICES		219144				1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL		219144				6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
10	SUBTOTAL		219144				9
11	COMPUTATION OF LESSER OF COST OR CHARGES						
12	ROUTINE SERVICE CHARGES						10
13	ANCILLARY SERVICE CHARGES	12695761					11
14	INTERNS AND RESIDENTS SERVICE CHARGES						12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
16	TEACHING PHYSICIANS						14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
18	TOTAL REASONABLE CHARGES	12695761					16
19	CUSTOMARY CHARGES						
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
23	ACCORDANCE WITH 42 CFR 413.13(E)						
24	RATIO OF LINE 17 TO LINE 18						19
25	TOTAL CUSTOMARY CHARGES	12695761					20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12695761					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		219144				22
28	COST OF COVERED SERVICES		219144				23
29	PROSPECTIVE PAYMENT AMOUNT						
30	OTHER THAN OUTLIER PAYMENTS						24
31	OUTLIER PAYMENTS						25
32	PROGRAM CAPITAL PAYMENTS						26
33	CAPITAL EXCEPTION PAYMENTS						27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
36	SUBTOTAL		219144				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
38	LESSER OF LINES 30 OR 31		219144				32
39	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			NF I
	HOSPITAL (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					219144
36	COINSURANCE					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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	2142000			1
2 TEMPORARY INVESTMENTS	47963000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	120646000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-89651000			6
7 INVENTORY	1452000			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	170850000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	253402000			11
FIXED ASSETS				
12 LAND	7365000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	6473000			13
13.01 ACCUMULATED DEPRECIATION	-5046000			13.01
14 BUILDINGS	198875000			14
14.01 ACCUMULATED DEPRECIATION	-95746000			14.01
15 LEASEHOLD IMPROVEMENTS	27842000			15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	140192000			18
18.01 ACCUMULATED DEPRECIATION	-106880000			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	173075000			21
OTHER ASSETS				
22 INVESTMENTS	233173000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	28664000			25
26 TOTAL OTHER ASSETS	261837000			26
27 TOTAL ASSETS	688314000			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7867000			28
29 SALARIES, WAGES & FEES PAYABLE	21164000			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	92280000			35
36 TOTAL CURRENT LIABILITIES	121311000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	275660000			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	39562000			41
42 TOTAL LONG TERM LIABILITIES	315222000			42
43 TOTAL LIABILITIES	436533000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	251781000			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	251781000			51
52 TOTAL LIABILITIES AND FUND BALANCES	688314000			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	217447000				1
2 NET INCOME (LOSS)	29104541				2
3 TOTAL	246551541				3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1427459				4
5 INVESTMENT GAINS					5
6 REINSTATEMENT					6
7 UNREALIZED NET GAIN	3802000				7
8					8
9					9
10 TOTAL ADDITIONS	5229459				10
11 SUBTOTAL	251781000				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 NET CHANGE					13
14 TRANSFER TO AFFILIATE					14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS					18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	251781000				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	127793000		127793000	2
4 SUBPROVIDER I	10138000		10138000	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	137931000		137931000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	137931000		137931000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	474708000		474708000	18
18.50 ANCILLARY SERVICES		445391000	445391000	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC		15622000	15622000	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE		916000	916000	24.01
24.02 HEALTH & FITNESS		7686000	7686000	24.02
24.03 PRIVATE DUTY	1626000		1626000	24.03
25 HOSPICE	614265000	469615000	1083880000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		316605459	26
27 BAD DEBTS			27
28 OTHER			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		316605459	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1083880000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	765661000	2
3	NET PATIENT REVENUES	318219000	3
4	LESS - TOTAL OPERATING EXPENSES	316605459	4
5	NET INCOME FROM SERVICE TO PATIENTS	1613541	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	22540000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	49000	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	972000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	195000	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	21000	21
22	RENTAL OF HOSPITAL SPACE	1457000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION	47000	24
24.01	COMMUNITY THERAPY		24.01
24.02	PUMP RENTAL		24.02
24.03	MISCELLANEOUS	614000	24.03
24.04	SILVER SALES		24.04
24.05	HOME DELIVERED	51000	24.05
24.06	LIFELINE	59000	24.06
24.07	JOINT VENTURE	100000	24.07
24.08	BABY PHOTO	3000	24.08
24.09	OTHER	1404000	24.09
24.10	NEWSPAPERS		24.10
24.11	UNIFORMS		24.11
25	TOTAL OTHER INCOME	27512000	25
26	TOTAL	29125541	26
27	NEWSPAPER	21000	27
28			28
29			29
30	TOTAL OTHER EXPENSES	21000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	29104541	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	2420881		287880		538530	3247291
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	3684318				208963	3893281
7 PHYSICAL THERAPY	1148121			201420		1349541
8 OCCUPATIONAL THERAPY	247174			3221		250395
9 SPEECH PATHOLOGY	91926			444		92370
10 MEDICAL SOCIAL SERVICES	79830					79830
11 HOME HEALTH AIDE	744425					744425
12 SUPPLIES					67866	67866
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	8416675		287880	205085	815359	9724999

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	28802	3276093	-740	3275353	5
6 SKILLED NURSING CARE		3893281		3893281	6
7 PHYSICAL THERAPY		1349541		1349541	7
8 OCCUPATIONAL THERAPY		250395		250395	8
9 SPEECH PATHOLOGY		92370		92370	9
10 MEDICAL SOCIAL SERVICES		79830		79830	10
11 HOME HEALTH AIDE		744425		744425	11
12 SUPPLIES		67866		67866	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	28802	9753801	-740	9753061	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7470

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	3275353					3275353	3275353	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	3893281					3893281	1968577	5861858
7 PHYSICAL THERAPY	1349541					1349541	682375	2031916
8 OCCUPATIONAL THERAPY	250395					250395	126608	377003
9 SPEECH PATHOLOGY	92370					92370	46706	139076
10 MEDICAL SOCIAL SERVICES	79830					79830	40365	120195
11 HOME HEALTH AIDE	744425					744425	376407	1120832
12 SUPPLIES	67866					67866	34315	102181
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	9753061					9753061		9753061

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-3275353	6477708	5
6 SKILLED NURSING CARE						3893281	6
7 PHYSICAL THERAPY						1349541	7
8 OCCUPATIONAL THERAPY						250395	8
9 SPEECH PATHOLOGY						92370	9
10 MEDICAL SOCIAL SERVICES						79830	10
11 HOME HEALTH AIDE						744425	11
12 SUPPLIES						67866	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-3275353	6477708	24
25 COST TO BE ALLOC (PER W/S H)						3275353	25
26 UNIT COST MULTIPLIER						.505635	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7470

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		3575254			1
2 SKILLED NURSING CARE		6511493	2148826	8660319	2
3 PHYSICAL THERAPY		2257101	744855	3001956	3
4 OCCUPATIONAL THERAPY		418784	138201	556985	4
5 SPEECH PATHOLOGY		154489	50982	205471	5
6 MEDICAL SOCIAL SERVICES		133515	44061	177576	6
7 HOME HEALTH AIDE		1245047	410872	1655919	7
8 SUPPLIES		113505	37457	150962	8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS		14409188	3575254	14409188	20
21 UNIT COST MULTIPLIER			.330005		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL			451	47698	128	4	116	987	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			451	47698	128	4	116	987	20
21 TOTAL COST TO BE ALLOCATED			3265	47281	2607095	2806	411781	17528	21
22 UNIT COST MULTIPLIER			7.239468		20367.929688		3549.836207		22
22 UNIT COST MULTIPLIER				.991257		701.500000		17.758865	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	OPERATION	LAUNDRY
	I/P REVENUES 6.04	I/P REVENUES 6.05	CILIATION 6A.06	TRATIVE + GENERAL ACCUM COST 6.06	TENANCE + REPAIRS SQUARE FEET 7	ENGINEER TIME SPENT 7.01	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				3089756	451	9		1
2 SKILLED NURSING CARE				5861858				2
3 PHYSICAL THERAPY				2031916				3
4 OCCUPATIONAL THERAPY				377003				4
5 SPEECH PATHOLOGY				139076				5
6 MEDICAL SOCIAL SERVICES				120195				6
7 HOME HEALTH AIDE				1120832				7
8 SUPPLIES				102181				8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				12842817	451	9		20
21 TOTAL COST TO BE ALLOCATED				1423292	11497	1099		21
22 UNIT COST MULTIPLIER					25.492239			22
22 UNIT COST MULTIPLIER				.110824		122.111111		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINISTRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL			2			208964	4980	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			2			208964	4980	20
21 TOTAL COST TO BE ALLOCATED			1697			124554	4232	21
22 UNIT COST MULTIPLIER			848.500000				.849799	22
22 UNIT COST MULTIPLIER						.596055		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	8660319		8660319	48785	177.52	1
2	PHYSICAL THERAPY	3	3001956		3001956	21685	138.43	2
3	OCCUPATIONAL THERAPY	4	556985		556985	3718	149.81	3
4	SPEECH PATHOLOGY	5	205471		205471	1266	162.30	4
5	MEDICAL SOCIAL SERV	6	177576		177576	669	265.43	5
6	HOME HEALTH AIDE SERV	7	1655919		1655919	12961	127.76	6
7	TOTAL		14258226		14258226	89084		7

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	150962		150962	281565	.536153	15
16	COST OF DRUGS	9		1117	1117	3610	.309418	16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	1	2	3	4	
1	PHYSICAL THERAPY 50	.365488			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.190620			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.194078			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.548698			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.309376	3610	1117	COL 2, LINE 16	5
5.01	EMG 56.01	.178939			COL 2, LINE 16	5.01
5.02	PULMONARY FUNCTION 56.02	.100201			COL 2, LINE 16	5.02
5.03	ANGIOGRAPHY 56.03	.192810			COL 2, LINE 16	5.03

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE
 PROGRAM VISITS PROGRAM COST PROGRAM

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY 2	138.43						1
2	OCCUPATIONAL THERAPY 3	149.81						2
3	SPEECH PATHOLOGY 4	162.30						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7470

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
REASONABLE COST OF PROGRAM SERVICES			
1 REASONABLE COST OF SERVICES		1117	1
2 TOTAL CHARGES		3610	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES		3610	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		2493	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	6394895	4359170	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	95127	79275	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	60362	61710	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	36695	50753	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	16335	31526	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	6603414	4583551	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	6603414	4583551	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	6603414	4583551	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	6603414	4583551	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	6603414	4583551	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	6603414	4583551	24
25 TOTAL INTERIM PAYMENTS	6603414	4585159	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		-1608	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7470

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6603414		4582434	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2725	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		6603414		4585159	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			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF			76853			76853	4
5 VOLUNTEER SERVICE COORDINATION	67956					67956	5
6 ADMINISTRATIVE AND GENERAL	342758				897343	1240101	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES					19200	19200	9
10 NURSING CARE	1247690					1247690	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY	33086			1110		34196	11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	187157					187157	14
15 SPIRITUAL COUNSELING	30794					30794	15
16 DIETARY COUNSELING	20371					20371	16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	259243					259243	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					383291	383291	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN							21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES					12444	12444	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS	41843					41843	30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	2230898		76853	1110	1312278	3621139	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF		76853		76853	4
5 VOLUNTEER SERVICE COORDINATION		67956		67956	5
6 ADMINISTRATIVE AND GENERAL	5851	1245952	-182	1245770	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		19200		19200	9
10 NURSING CARE		1247690		1247690	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY		34196		34196	11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		187157		187157	14
15 SPIRITUAL COUNSELING		30794		30794	15
16 DIETARY COUNSELING		20371		20371	16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		259243		259243	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		383291		383291	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		12444		12444	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS		41843		41843	30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	5851	3626990	-182	3626808	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1591

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								67956
8	INPATIENT CARE SERVICE								305633
9	INPATIENT - GENERAL CARE								6
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES								9
13	NURSING CARE								241500
14	NURSING CARE-CONT.HOME CARE								1006190
15	PHYSICAL THERAPY								1247690
16	OCCUPATIONAL THERAPY								10.20
17	SPEECH/LANGUAGE PATHOLOGY								33086
18	MEDICAL SOCIAL SERVICES								11
19	SPIRITUAL COUNSELING								12
20	DIETARY COUNSELING								13
21	COUNSELING - OTHER								187157
22	HH AIDE AND HOMEMAKER								30794
23	HH AIDE & HMKR-CONT.HME CARE								20371
24	OTHER								20371
25	OTHER HOSPICE SERVICE COSTS								17
26	DRUGS, BIOL. & INFUS. THER.								259243
27	ANALGESICS								259243
28	SEDATIVES / HYPNOTICS								18.20
29	OTHER - SPECIFY								19
30	DURABLE MED. EQUIP./OXYGEN								20
31	PATIENT TRANSPORTATION								20.30
32	IMAGING SERVICES								20.31
33	LABS AND DIAGNOSTICS								20.32
34	MEDICAL SUPPLIES								21
35	OUTPAT.SERV.(INCL.E/R DEPT.)								22
36	RADIATION THERAPY								23
37	CHEMOTHERAPY								24
38	OTHER								25
39	HOSPICE NONREIMBURSABLE SERVICE								26
40	BEREAVEMENT PROGRAM COSTS								27
41	VOLUNTEER PROGRAM COSTS								28
42	FUNDRAISING								29
43	OTHER PROGRAM COSTS								41843
44	TOTAL								41843
45	TOTAL								912997
46	TOTAL								2230898
47	TOTAL								34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1591 WORKSHEET K-3

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

1110

1110 34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
	0	1	2	3	4	5			
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.								1	
2 CAP REL COSTS-MOVABLE EQUIP.								2	
3 PLANT OPERATION & MAINT.								3	
4 TRANSPORTATION - STAFF	76853				76853			4	
5 VOLUNTEER SERVICE COORD.	67956					67956		5	
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	1245770				76853	67956	1390579	1390579	
7 INPATIENT - GENERAL CARE								7	
8 INPATIENT - RESPITE CARE VISITING SERVICES								8	
9 PHYSICIAN SERVICES	19200						19200	11939	
10 NURSING CARE	1247690						1247690	775865	
10.20 NURSING CARE-CONTINUOUS HOME								2023555	
11 PHYSICAL THERAPY	34196						34196	21264	
12 OCCUPATIONAL THERAPY								55460	
13 SPEECH/LANGUAGE PATHOLOGY								12	
14 MEDICAL SOCIAL SERVICES	187157						187157	116382	
15 SPIRITUAL COUNSELING	30794						30794	19149	
16 DIETARY COUNSELING	20371						20371	12668	
17 COUNSELING - OTHER								33039	
18 HH AIDE AND HOMEMAKER	259243						259243	161208	
18.20 HH AIDE & HMKR-CONT. HOME CA								420451	
19 OTHER								17	
OTHER HOSPICE SERVICE COSTS								18.20	
20 DRUGS, BIOL. & INFUS. THER.	383291						383291	238346	
20.30 ANALGESICS								621637	
20.31 SEDATIVES / HYPNOTICS								20	
20.32 OTHER - SPECIFY								20.30	
21 DURABLE MED. EQUIP./OXYGEN								20.31	
22 PATIENT TRANSPORTATION								20.32	
23 IMAGING SERVICES								21	
24 LABS AND DIAGNOSTICS								22	
25 MEDICAL SUPPLIES	12444						12444	7738	
26 OUTPAT.SERV.(INCL.E/R DEPT.)								20182	
27 RADIATION THERAPY								24	
28 CHEMOTHERAPY								25	
29 OTHER								26	
HOSPICE NONREIMBURSABLE SERV.								27	
30 BEREAVEMENT PROGRAM COSTS	41843						41843	26020	
31 VOLUNTEER PROGRAM COSTS								67863	
32 FUNDRAISING								30	
33 OTHER PROGRAM COSTS								31	
34 COST TO BE ALLOCATED	3626808				76853	67956	3626808		

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF				100			4
5 VOLUNTEER SERVICE COORD.					100		5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				100	100	-1390579	2236229 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							19200 9
10 NURSING CARE							1247690 10
10.20 NURSING CARE-CONTINUOUS HOME							10.20
11 PHYSICAL THERAPY							34196 11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES							187157 14
15 SPIRITUAL COUNSELING							30794 15
16 DIETARY COUNSELING							20371 16
17 COUNSELING - OTHER							17
18 HH AIDE AND HOME MAKER							259243 18
18.20 HH AIDE & HMKR-CONT. HOME CA							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOL. & INFUS. THER.							383291 20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MED. EQUIP./OXYGEN							21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							12444 25
26 OUTPAT.SERV.(INCL.E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							41843 30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 COST TO BE ALLOCATED				76853	67956		1390579 34
35 UNIT COST MULTIPLIER				768.530000	679.560000		.621841 35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1122323			1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES		34590	9636	44226	4
5 NURSING CARE		2247813	626194	2874007	5
5.20 NURSING CARE-CONTINUOUS HOM					5.20
6 PHYSICAL THERAPY		61606	17162	78768	6
7 OCCUPATIONAL THERAPY					7
8 SPEECH/LANGUAGE PATHOLOGY					8
9 MEDICAL SOCIAL SERV. - DIRE		337178	93931	431109	9
10 SPIRITUAL COUNSELING		55478	15455	70933	10
11 DIETARY COUNSELING		36701	10224	46925	11
12 COUNSELING - OTHER					12
13 HOME HLTH AIDE & HOMEMAKERS		467047	130109	597156	13
13.20 HH AIDE & HMKR-CONT. HOME C					13.20
14 OTHER					14
15 DRUGS,BIOLOGICALS & INFUSIO		690529	192367	882896	15
15.30 ANALGESICS					15.30
15.31 SEDATIVES / HYPNOTICS					15.31
15.32 OTHER - SPECIFY					15.32
16 DURABLE MED. EQUIP./OXYGEN					16
17 PATIENT TRANSPORTATION					17
18 IMAGING SERVICES					18
19 LABS AND DIAGNOSTICS					19
20 MEDICAL SUPPLIES		22419	6245	28664	20
21 OUTPAT. SERV.(INCL.E/R DEPT					21
22 RADIATION THERAPY					22
23 CHEMOTHERAPY					23
24 OTHER					24
25 BEREAVEMENT PROGRAM COSTS		75384	21000	96384	25
26 VOLUNTEER PROGRAM COSTS					26
27 FUNDRAISING					27
28 OTHER PROGRAM COSTS					28
29 TOTALS		5151068		5151068	29
30 UNIT COST MULTIPLIER			.278579		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL				278	35			159
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				278	35			159
30 TOTAL COST TO BE ALLOCATED				276	712878			2824
31 UNIT COST MULTIPLIER					20367.942857			31
31 UNIT COST MULTIPLIER				.992806				17.761006

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	OPERATION	LAUNDRY
	I/P REVENUES 6.04	I/P REVENUES 6.05	CILIATION 6A.06	TRATIVE + GENERAL ACCUM COST 6.06	TENANCE + REPAIRS SQUARE FEET 7	ENGINEER TIME SPENT 7.01	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				715978				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES				31139				4
5 NURSING CARE				2023555				5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY				55460				6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE				303539				9
10 SPIRITUAL COUNSELING				49943				10
11 DIETARY COUNSELING				33039				11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS				420451				13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO				621637				15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES				20182				20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS				67863				25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				4342786				29
30 TOTAL COST TO BE ALLOCATED				481285				30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER				.110824				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL						2157	383291	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL						2157	383291	29
30 TOTAL COST TO BE ALLOCATED						1286	325711	30
31 UNIT COST MULTIPLIER							.849775	31
31 UNIT COST MULTIPLIER						.596198		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE							5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE							9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS							13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTAL							29
30 TOTAL COST TO BE ALLOCATED							30
31 UNIT COST MULTIPLIER							31
31 UNIT COST MULTIPLIER							31

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 15:52

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.365488		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.190620	325	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.309376	98014	4
4.01	EMG	56.01	0.178939		4.01
4.02	PULMONARY FUNCTION	56.02	0.100201		4.02
4.03	ANGIOGRAPHY	56.03	0.192810		4.03
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.101522	1223	6
7	MEDICAL SUPPLIES	55	0.194078	46382	7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.548698		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.212821	3272	8
8.01	PCC	61.01	0.712909		8.01
9	RADIATION THERAPY	41	0.230446		9
9.01	ULTRASOUND	41.01	0.099631		9.01
9.02	CT SCAN	41.02	0.047628		9.02
9.03	MRI	41.03	0.067589		9.03
10	BLANK	59			10
10.97	CARDIAC REHABILITATION	59.97	0.488276		10.97
11	TOTALS			40207	11

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/17/2011 15:52

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				5191275	1
2 TOTAL UNDUPLICATED DAYS				31803	2
3 AGGREGATE COST PER DIEM				163.23	3
4 UNDUPLICATED MEDICARE DAYS	30542				4
5 AGGREGATE MEDICARE COST	4985371				5
6 UNDUPLICATED MEDICAID DAYS		114			6
7 AGGREGATE MEDICAID COST		18608			7
8 UNDUPLICATED SNF DAYS	9221				8
9 AGGREGATE SNF COST	1505144				9
10 UNDUPLICATED NF DAYS		53			10
11 AGGREGATE NF COST		8651			11
12 OTHER UNDUPLICATED DAYS			1147		12
13 AGGREGATE COST FOR OTHER DAYS			187225		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0062) (14-0062)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	6697382				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01	0.0280				5.01
5.02	0.0280				5.02
5.03	0.0057				5.03
5.04	38175				5.04
6	6758135				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0062) (14-0062)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	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
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING & STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
7.01 CLINICAL ENGINEERING					7.01
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
59 BLANK					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
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 THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

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
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 NEW DIRECTION					100
100.01 HOME DELIVERED MEALS					100.01
100.02 PHP MEALS					100.02
100.05 RESIDENCE/ST. GEORGE CORPORATI					100.05
100.06 PRIVATE DUTY NURSING					100.06
100.07 PHYSICIAN REFERRAL CENTER					100.07
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	63.43		2.39				65.82 25
26 INTENSIVE CARE UNIT	81.01		5.23				86.24 26
33 NURSERY			5.22				5.22 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.94	15.29	1.01				42.24 37
38 RECOVERY ROOM	31.26	10.27	1.00				42.53 38
40 ANESTHESIOLOGY	28.61	11.98	1.04				41.63 40
41 RADIOLOGY-DIAGNOSTIC	24.14	18.61	0.90				43.65 41
41.01 ULTRASOUND	23.85	19.20	1.00				44.05 41.01
41.02 CT SCAN	23.62	21.59	1.28				46.49 41.02
41.03 MRI	30.77	13.98	1.37				46.12 41.03
44 LABORATORY	33.77	4.42	1.48				39.67 44
47 BLOOD STORING, PROCESSING & TRA	53.84	12.30	1.56				67.70 47
48 INTRAVENOUS THERAPY	22.01	29.25	0.76				52.02 48
49 RESPIRATORY THERAPY	68.89	3.67	3.39				75.95 49
50 PHYSICAL THERAPY	24.93		0.43				25.36 50
52 SPEECH PATHOLOGY	65.17		1.19				66.36 52
53 ELECTROCARDIOLOGY	39.24	14.54	1.38				55.16 53
53.01 CATH LAB	36.83	15.63	1.77				54.23 53.01
54 ELECTROENCEPHALOGRAPHY	24.73	22.39	1.38				48.50 54
55 MEDICAL SUPPLIES CHARGED TO PAT	45.42	7.74	2.19				55.35 55
55.30 IMPL. DEV. CHARGED TO PATIENT	49.78	8.33					58.11 55.30
56 DRUGS CHARGED TO PATIENTS	56.30	5.44	2.69				64.43 56
56.01 EMG	6.79	31.08	0.86				38.73 56.01
56.02 PULMONARY FUNCTION	9.73	35.83	0.21				45.77 56.02
56.03 ANGIOGRAPHY	62.54	13.89	1.91				78.34 56.03
57 RENAL DIALYSIS	81.03	0.92	3.59				85.54 57
59.97 CARDIAC REHABILITATION	15.03	35.86	0.35				51.24 59.97
60.01 OUTPATIENT PSYCH SERVICES	0.07						0.07 60.01
61 EMERGENCY	23.46	13.17	1.34				37.97 61
61.01 PCC	0.83	13.22	0.01				14.06 61.01
62 OBSERVATION BEDS (NON-DISTINCT	12.94	20.15					33.09 62
101 TOTAL CHARGES	28.54	10.43	1.20				40.17 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	38.92		2.65				41.57 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12 41
41.01 ULTRASOUND	0.14						0.14 41.01
41.02 CT SCAN	0.21						0.21 41.02
41.03 MRI	0.38						0.38 41.03
44 LABORATORY	0.56						0.56 44
47 BLOOD STORING, PROCESSING & TRA	0.02						0.02 47
48 INTRAVENOUS THERAPY	0.13						0.13 48
49 RESPIRATORY THERAPY	0.26						0.26 49
50 PHYSICAL THERAPY	0.31						0.31 50
52 SPEECH PATHOLOGY	0.66						0.66 52
53 ELECTROCARDIOLOGY	0.28						0.28 53
54 ELECTROENCEPHALOGRAPHY	0.99						0.99 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.22						0.22 55
56 DRUGS CHARGED TO PATIENTS	0.77						0.77 56
56.01 EMG	0.18						0.18 56.01
56.02 PULMONARY FUNCTION	1.66						1.66 56.02
57 RENAL DIALYSIS	1.98						1.98 57
61 EMERGENCY	0.60						0.60 61
101 TOTAL CHARGES	0.25						0.25 101

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	4068152	1.43	-4068152	-3.27		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8641786	3.05	-8641786	-6.94		4
5	EMPLOYEE BENEFITS	46856245	16.53	-46856245	-37.62		5
6.01	COMMUNICATIONS	656658	.23	-656658	-.53		6.01
6.02	DATA PROCESSING	5323549	1.88	-5323549	-4.27		6.02
6.03	PURCHASING & STORES	580308	.20	-580308	-.47		6.03
6.04	ADMITTING	2517242	.89	-2517242	-2.02		6.04
6.05	CASHIERING	3623387	1.28	-3623387	-2.91		6.05
6.06	ADMINISTRATIVE & GENERAL	23047973	8.13	-23047973	-18.50		6.06
7	MAINTENANCE & REPAIRS	5848775	2.06	-5848775	-4.70		7
7.01	CLINICAL ENGINEERING	640600	.23	-640600	-.51		7.01
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE	1299249	.46	-1299249	-1.04		9
10	HOUSEKEEPING	3632786	1.28	-3632786	-2.92		10
11	DIETARY	2986992	1.05	-2986992	-2.40		11
12	CAFETERIA	902715	.32	-902715	-.72		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2267114	.80	-2267114	-1.82		14
15	CENTRAL SERVICES & SUPPLY	3267515	1.15	-3267515	-2.62		15
16	PHARMACY	4310475	1.52	-4310475	-3.46		16
17	MEDICAL RECORDS & LIBRARY	3184328	1.12	-3184328	-2.56		17
18	SOCIAL SERVICE	908178	.32	-908178	-.73		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	39739513	14.02	41084365	32.98	80823878	28.51
26	INTENSIVE CARE UNIT	5474574	1.93	4168151	3.35	9642725	3.40
31	SUBPROVIDER I	4418969	1.56	3859003	3.10	8277972	2.92
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15479266	5.46	11165364	8.96	26644630	9.40
38	RECOVERY ROOM	1563248	.55	1223489	.98	2786737	.98
40	ANESTHESIOLOGY	432863	.15	656305	.53	1089168	.38
41	RADIOLOGY-DIAGNOSTIC	7111247	2.51	6786527	5.45	13897774	4.90
41.01	ULTRASOUND	1372173	.48	989259	.79	2361432	.83
41.02	CT SCAN	2296194	.81	2395673	1.92	4691867	1.65
41.03	MRI	424382	.15	395234	.32	819616	.29
44	LABORATORY	10688101	3.77	8080666	6.49	18768767	6.62
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	3024540	1.07	709207	.57	3733747	1.32
48	INTRAVENOUS THERAPY	1661056	.59	850323	.68	2511379	.89

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	2715127	.96	2100784	1.69	4815911	1.70	49
50 PHYSICAL THERAPY	4572577	1.61	3293922	2.64	7866499	2.77	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	190014	.07	113423	.09	303437	.11	52
53 ELECTROCARDIOLOGY	1809707	.64	2198013	1.76	4007720	1.41	53
53.01 CATH LAB	2940172	1.04	2502955	2.01	5443127	1.92	53.01
54 ELECTROENCEPHALOGRAPHY	296543	.10	146857	.12	443400	.16	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3909682	1.38	2930312	2.35	6839994	2.41	55
55.30 IMPL. DEV. CHARGED TO PATIENT	10533415	3.72	1468817	1.18	12002232	4.23	55.30
56 DRUGS CHARGED TO PATIENTS	8791218	3.10	7668644	6.16	16459862	5.81	56
56.01 EMG	180348	.06	140433	.11	320781	.11	56.01
56.02 PULMONARY FUNCTION	100358	.04	55726	.04	156084	.06	56.02
56.03 ANGIOGRAPHY	661557	.23	424477	.34	1086034	.38	56.03
57 RENAL DIALYSIS	452299	.16	109575	.09	561874	.20	57
59 BLANK							59
59.97 CARDIAC REHABILITATION	957472	.34	440015	.35	1397487	.49	59.97
60.01 OUTPATIENT PSYCH SERVICES	1256779	.44	656289	.53	1913068	.67	60.01
61 EMERGENCY	6952842	2.45	7255971	5.83	14208813	5.01	61
61.01 PCC	3312628	1.17	2786168	2.24	6098796	2.15	61.01
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	9753061	3.44	4656127	3.74	14409188	5.08	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	3626808	1.28	1524260	1.22	5151068	1.82	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	329697	.12	162589	.13	492286	.17	96
98 PHYSICIANS' PRIVATE OFFICES	865152	.31	833142	.67	1698294	.60	98
100 NEW DIRECTION	133341	.05	61397	.05	194738	.07	100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORATIO							100.05
100.06 PRIVATE DUTY NURSING	835388	.29	613512	.49	1448900	.51	100.06
100.07 PHYSICIAN REFERRAL CENTER	98405	.03	57053	.05	155458	.05	100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	283524743	100.00	0	.00	283524743	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	1481202	153525400	.009648	39829936	384279	37
38 RECOVERY ROOM	103155	10018697	.010296	3131882	32246	38
40 ANESTHESIOLOGY	144623	23998163	.006026	6866689	41379	40
41 RADIOLOGY-DIAGNOSTIC	1689584	60308221	.028016	14556580	407817	41
41.01 ULTRASOUND	197947	23701724	.008352	5652427	47209	41.01
41.02 CT SCAN	799673	98509934	.008118	23265355	188868	41.02
41.03 MRI	109110	12126437	.008998	3730712	33569	41.03
44 LABORATORY	834006	184873024	.004511	62432857	281635	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	62161	7675169	.008099	4132295	33467	47
48 INTRAVENOUS THERAPY	43070	4120330	.010453	906902	9480	48
49 RESPIRATORY THERAPY	221138	36700049	.006026	25281984	152349	49
50 PHYSICAL THERAPY	351531	21523295	.016333	5364738	87622	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	3732	1591844	.002344	1037390	2432	52
53 ELECTROCARDIOLOGY	362035	38724361	.009349	15197044	142077	53
53.01 CATH LAB	454919	28182049	.016142	10380175	167557	53.01
54 ELECTROENCEPHALOGRAPHY	30921	1999195	.015467	494464	7648	54
55 MEDICAL SUPPLIES CHARGED TO PAT	286757	35243560	.008136	16009181	130251	55
55.30 IMPL. DEV. CHARGED TO PATIENT	71777	21874038	.003281	10888152	35724	55.30
56 DRUGS CHARGED TO PATIENTS	251095	53203386	.004720	29952737	141377	56
56.01 EMG	8338	1792681	.004651	121697	566	56.01
56.02 PULMONARY FUNCTION	12696	1557705	.008150	151530	1235	56.02
56.03 ANGIOGRAPHY	121908	5632667	.021643	3522665	76241	56.03
57 RENAL DIALYSIS	16074	1515516	.010606	1228045	13025	57
59 BLANK						59
59.97 CARDIAC REHABILITATION	23574	2862087	.008237	430049	3542	59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	17747	3554544	.004993	2523	13	60.01
61 EMERGENCY	697963	66764025	.010454	15665282	163765	61
61.01 PCC	303827	8554801	.035515	70889	2518	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	168977	7386441	.022877	955441	21858	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8869540	917519343		301259621	2609749	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	3132886		3132886	81318	38.53	51582	1987454 25
26	INTENSIVE CARE UNIT	312951		312951	5846	53.53	4736	253518 26
101	TOTAL	3445837		3445837			56318	2240972 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2240972	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2609749	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4850721	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							10862	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							56318	
PER DISCHARGE CAPITAL COSTS							446.58	
PER DIEM CAPITAL COSTS							86.13	

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)	109448699
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	379739721
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.288

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))	3695590
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	6878889
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.537

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)	4850721
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	19179880
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	110041457
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.174