

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 LITTLE COMPANY OF MARY (14-0179) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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	
		2	3	4
1	HOSPITAL	918846	253493	1
2	SUBPROVIDER I	4180		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	923026	253493	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: 2800 WEST 95TH STREET P.O.BOX: 1
 1.01 CITY: EVERGREEN PARK STATE: IL ZIP CODE: 60642 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	LITTLE COMPANY OF MARY	14-0179	07/01/1966	N	P	O	2
3	SUBPROVIDER I	LITTLE COMPANY OF MARY PSYCH	14-S179	07/01/1984	N	P	N	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	LITTLE COMPANY OF MARY H.C.	14-7404	01/11/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	LITTLE COMPANY OF MARY HOSPICE	14-1511	12/30/1986				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 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. YES 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 01600 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. 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? 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. 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?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	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:					54
	PREMIUMS: 400052	PAID LOSSES: 6279216	AND/OR SELF INSURANCE: 8768867			
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6405	2437	13636
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
9.10 NICU				9.10
10 OTHER SPECIAL CARE (SPECIFY)				10
11 NURSERY				11
12 TOTAL HOSPITAL		6405	2437	13636
13 RPCH VISITS				13
14 SUBPROVIDER I		272		734
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	80505178		80505178	3027308.00	26.59		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	36500		36500	208.00	175.48		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	678066		678066	6919.00	98.00		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R	346827		346827	9579.00	36.21		6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5179171	-109430	5069741	182688.00	27.75		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1479595		1479595	22829.00	64.81		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	594138		594138	3661.00	162.29		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)	15240839		15240839			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1034077		1034077			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	4821		4821			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	44630		44630			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	922330		922330	29472.00	31.30		21
22	ADMINISTRATIVE & GENERAL	12193493	-229563	11963930	460822.00	25.96		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	38535		38535	194.00	198.63		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2838110		2838110	133550.00	21.25		24
25	LAUNDRY & LINEN SERVICE	179373		179373	12858.00	13.95		25
26	HOUSEKEEPING	1602423		1602423	128786.00	12.44		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1524876	-847225	677651	52912.00	12.81		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		847225	847225	55747.00	15.20		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1698912		1698912	56681.00	29.97		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1867441		1867441	54527.00	34.25		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1019325	31660	1050985	51386.00	20.45		33
34	SOCIAL SERVICE		720647	720647	25982.00	27.74		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		1	2	3	4	5	
1	NET SALARIES	79518820		79518820	3011004.00	26.41	1
2	EXCLUDED AREA SALARIES	5179171	-109430	5069741	182688.00	27.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	74339649	109430	74449079	2828316.00	26.32	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2073733		2073733	26490.00	78.28	4
5	SUBTOTAL WAGE-RELATED COSTS	15245660		15245660		20.48%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	91659042	109430	91768472	2854806.00	32.15	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	23884818	522744	24407562	1062917.00	22.96	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2348		62	2410	1
2 UNDUPLICATED CENSUS COUNT		1030.00		376.00	1406.00	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)		.65	.65	4
5 OTHER ADMINISTRATIVE PERSONNEL		12.56	12.56	5
6 DIRECT NURSING SERVICE		15.75	15.75	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.27	1.54	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE			.18	10
11 OCCUPATIONAL THERAPY SUPERVISOR			.90	11
12 SPEECH PATHOLOGY SERVICE			.06	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.42	.42	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		1.18	1.18	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			01600	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7404

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	EPISODES 6		
21 SKILLED NURSING VISITS	8558	1847	694	48			11147	21
22 SKILLED NURSING VISIT CHARGES	1807780	393600	147420	10280			2359080	22
23 PHYSICAL THERAPY VISITS	5285	55	35	65			5440	23
24 PHYSICAL THERAPY VISIT CHARGES	1156600	12110	7690	13960			1190360	24
25 OCCUPATIONAL THERAPY VISITS	160	3	1	5			169	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	33890	690	230	1000			35810	26
27 SPEECH PATHOLOGY VISITS	56	1	1	84			142	27
28 SPEECH PATHOLOGY VISIT CHARGES	12760	230	230	18340			31560	28
29 MEDICAL SOCIAL SERVICE VISITS	108	4	1				113	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	30705	1145	290				32140	30
31 HOME HEALTH AIDE VISITS	1105	55	6	8			1174	31
32 HOME HEALTH AIDE VISIT CHARGES	147215	7700	780	1120			156815	32
33 TOTAL VISITS	15272	1965	738	210			18185	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	3188950	415475	156640	44700			3805765	35
36 TOTAL NUMBER OF EPISODES	960		294	21			1275	36
37 TOTAL NUMBER OF OUTLIER EPISODES		38					38	37
38 TOTAL MEDICAL SUPPLY CHARGES	281388	113880	20205	1111			416584	38

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 10:34

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

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							1
2 ROUTINE HOME CARE	14161				922	15083	2
3 INPATIENT RESPITE CARE							3
4 GENERAL INPATIENT CARE	141				29	170	4
5 TOTAL HOSPICE DAYS	14302				951	15253	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	723				48	771	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	19.78				19.81	19.78	8
9 UNDUPLICATED CENSUS COUNT	291				39	330	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	15580947	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	15580947	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.208717	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	106596818	28
29	TOTAL GROSS MEDICAID COST	22248568	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	31549075	30
31	UNCOMPENSATED CARE COST	6584828	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	22248568	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
		1954218	1045006	2999224	-137797	2861427	-92	2861335	
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800								88
93	9300	1005078	685715	1690793	-1352531	1654735	-40	1654695	93
94	6950	195118	67941	263059		263059		263059	94
95		79902815	102131666	182034481		182034481	-13947468	168087013	95
96	9600								96
97.10	9701	233246	91721	324967		324967		324967	97.10
98	9800	369117	316530	685647		685647		685647	98
98.01	9801								98.01
100	7950								100
101		80505178	102539917	183045095		183045095	-13947468	169097627	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	56		7872222
2					2
3					3
4					4
5					5
6 CAFETERIA COSTS	B	CAFETERIA	12	847225	816440
7					6
8					7
9					8
10					9
11					10
12 HHA/HOSPICE BILLING/PLANT COSTS	D	ADMINISTRATIVE & GENERAL	6	77770	13802
13	D	MEDICAL RECORDS & LIBRARY	17	31660	5842
14	D				11
15					12
16					13
17					14
18 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		1352531
19					15
20					16
21 RADIOLOGY ADMIN COSTS	I	RADIOISOTOPE	43	75129	33971
22	I	ULTRASOUND	43.10	175756	79473
23	I	CT SCAN	43.20	113579	51358
24	I	MRI	59.30	71086	32143
25					17
26					18
27					19
28					20
29 NURSERY COSTS	J	NURSERY	33	489701	169496
30					21
31					22
32	K	NEW CAP REL COSTS-MVBLE EQUIP	4		6832040
33	K				23
34	K				24
35	K				25
36 SUBTOTAL				1881906	17259318

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER ----- 6	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
2		1		7	8	9	
1	DRUGS CHGD TO PAT.	A	PHARMACY	16		7872222	1
2							2
3							3
4							4
5							5
6	CAFETERIA COSTS	B	DIETARY	11	847225	816440	6
7							7
8							8
9							9
10							10
11							11
12	HHA/HOSPICE BILLING/PLANT COSTS	D	HOME HEALTH AGENCY	71	48926	8955	12
13		D	HOSPICE	93	28844	4847	13
14		D	HOME HEALTH AGENCY	71	31660	5842	14
15							15
16							16
17							17
18	INTEREST EXPENSE	G	INTEREST EXPENSE	88		1352531	9 18
19							19
20							20
21	RADIOLOGY ADMIN COSTS	I	RADIOLOGY-DIAGNOSTIC	41	435550	196945	21
22		I					22
23		I					23
24		I					24
25							25
26							26
27							27
28							28
29	NURSERY COSTS	J	ADULTS & PEDIATRICS	25	489701	169496	29
30							30
31							31
32		K	EMPLOYEE BENEFITS	5		11404	9 32
33		K	ADMINISTRATIVE & GENERAL	6		750167	33
34		K	OPERATION OF PLANT	8		284727	34
35		K	LAUNDRY & LINEN SERVICE	9		2484	35
36	SUBTOTAL				1881906	11476060	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36 SUBTOTAL				1881906	17259318 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	K	HOUSEKEEPING	10		25894	1
2	K	DIETARY	11		27712	2
3	K	NURSING ADMINISTRATION	14		33720	3
4	K	PHARMACY	16		232860	4
5	K	MEDICAL RECORDS & LIBRARY	17		29650	5
6	K	ADULTS & PEDIATRICS	25		377341	6
7	K	INTENSIVE CARE UNIT	26		216707	7
8	K	NICU	29.10		52362	8
9	K	SUBPROVIDER I	31		10254	9
10	K	OPERATING ROOM	37		789510	10
11	K	DELIVERY ROOM & LABOR ROOM	39		205573	11
12	K	ANESTHESIOLOGY	40		131253	12
13	K	RADIOLOGY-DIAGNOSTIC	41		1015817	13
14	K	RADIOLOGY-THERAPEUTIC	42		352328	14
15	K	RADIOISOTOPE	43		92112	15
16	K	ULTRASOUND	43.10		84929	16
17	K	CT SCAN	43.20		172047	17
18	K	CATH LAB	43.30		329722	18
19	K	LABORATORY	44		181566	19
20	K	RESPIRATORY THERAPY	49		101921	20
21	K	SLEEP LAB	49.01		15339	21
22	K	PHYSICAL THERAPY	50		17806	22
23	K	SPEECH PATHOLOGY	52		691	23
24	K	ELECTROCARDIOLOGY	53		176361	24
25	K	ELECTROENCEPHALOGRAPHY	54		14217	25
26	K	MEDICAL SUPPLIES CHARGED TO P	55		114556	26
27	K	RENAL DIALYSIS	57		32676	27
28	K	ASC (NON-DISTINCT PART)	58		28876	28
29	K	GI LAB	58.10		278078	29
30	K	MRI	59.30		364926	30
31	K	CLINIC	60		7515	31
32	K	PALOS DIAGNOSTIC CENTER	60.01		7987	32
33	K	EMERGENCY	61		182230	33
34	K	OUTPATIENT REHAB	63		6402	34
35	K	WOUND CARE CENTER	63.10		27539	35
36		SUBTOTAL		1881906	17214537	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	K				1
2	K				2
3					3
4					4
5					5
6 UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	18	720647	136491
7					6
8					7
9 IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	55.30		5573558
10	M				8
11	M				9
12					10
13					11
14 MATERIALS MANAGEMENT COSTS	N	ADMINISTRATIVE & GENERAL	6	413314	236711
15					12
16					13
17 PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		99455
18					14
19					15
20					16
21					17
22					18
23					19
24					20
25					21
26					22
27					23
28					24
29					25
30					26
31					27
32					28
33					29
34					30
35					31
36 TOTAL RECLASSIFICATIONS				3015867	23305533

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6				
1	K	HOME HEALTH AGENCY	71		42414	1
2	K	HOSPICE	93		2367	2
3						3
4						4
5						5
6	L	ADMINISTRATIVE & GENERAL	6	720647	136491	6
7						7
8						8
9	M	OPERATING ROOM	37		4345537	9
10	M	CATH LAB	43.30		1051098	10
11	M	ELECTROCARDIOLOGY	53		176923	11
12						12
13						13
14	N	MEDICAL SUPPLIES CHARGED TO P	55	413314	236711	14
15						15
16						16
17	O	ADMINISTRATIVE & GENERAL	6		99455	9 17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		3015867	23305533	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	5761652					5761652		1
2 LAND IMPROVEMENTS	12478158					12478158		2
3 BUILDINGS AND FIXTURES	144330662					144330662		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	91757400					91757400		6
7 SUBTOTAL	254327872					254327872		7
8 RECONCILING ITEMS								8
9 TOTAL	254327872					254327872		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		4770550					4770550 3
4 NEW CAP REL COSTS-MVBLE EQUIP		6820765					6820765 4
5 TOTAL		11591315					11591315 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		4880662					4880662 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL		4880662					4880662 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		-384687	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-71822	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4541385			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-78764			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2826	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	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
37.01 VOLUNTEER RESOURCES MISC REVENUE	B	-5871	ADMINISTRATIVE & GENERAL	6	37.01
37.03 LABORATORY REVENUES	B	-11813	LABORATORY	44	37.03
37.04 PHARMACY MISC REVENUE	B	-60258	PHARMACY	16	37.04
37.05 RADIOLOGY ADMIN	B	-1691	RADIOLOGY-DIAGNOSTIC	41	37.05
37.07 RADIOLOGY SILVER	B	-7032	RADIOLOGY-DIAGNOSTIC	41	37.07
37.09 HUMAN RESOURCES MISC REVENUE	B	-1075	EMPLOYEE BENEFITS	5	37.09
37.13 MEDICAL SUPPLIES REVENUE	B	-58	MEDICAL SUPPLIES CHARGED TO PAT	55	37.13
37.14 OTHER REVENUE CLINIC	B	-1375	CLINIC	60	37.14
37.15 TELE & COMM MISC REVENUE	B	-1580	ADMINISTRATIVE & GENERAL	6	37.15
37.16 ANSWERING SVCE INCOME	B	-249420	ADMINISTRATIVE & GENERAL	6	37.16
37.18 NURSING ADMIN OTHER REVENUE	B	-7000	NURSING ADMINISTRATION	14	37.18
37.25 CAFETERIA REVENUE	B	-704609	CAFETERIA	12	37.25
37.26 VENDING MACHINE REVENUE	B	-15384	DIETARY	11	37.26
37.27 MEDICAL STAFF APPLICATION REVENUE	B	-18500	ADMINISTRATIVE & GENERAL	6	37.27
37.28 HOUSEKEEPING	B	-5042	HOUSEKEEPING	10	37.28
37.29 EMPLOYEE HEALTH	A	-91707	EMPLOYEE BENEFITS	5	37.29
37.30 BUS OFFICE/ADMITTING REVENUE	B	-4113	ADMINISTRATIVE & GENERAL	6	37.30
37.31 RESPIRATORY THERAPY REVENUE	B	-11438	RESPIRATORY THERAPY	49	37.31
37.32 MOTHER BABY	B	-4658	ADULTS & PEDIATRICS	25	37.32
37.33 SECURITY PURCH SERVICES REVENUE	B	-35652	OPERATION OF PLANT	8	37.33
37.35 ENGINEERING AFFILIATES OTHER OPER	B	-1487	OPERATION OF PLANT	8	37.35
37.39 LINEN OTHER REVENUE	B	-1926	LAUNDRY & LINEN SERVICE	9	37.39
37.41 HEALTH EDUCATION CENTER REVENUE	B	-71462	ADMINISTRATIVE & GENERAL	6	37.41
37.43 AFFILIATES REVENUE	B	-146650	ADMINISTRATIVE & GENERAL	6	37.43
37.44 ACCTG REVENUE	B	-14809	ADMINISTRATIVE & GENERAL	6	37.44
37.45 MISCELLANEOUS REVENUE	B	-52439	ADMINISTRATIVE & GENERAL	6	37.45
37.47 CYTOPATHOLOGY REVENUE	B	-44272	LABORATORY	44	37.47
37.50 EKG OTHER REVENUE	B	-2860	ELECTROCARDIOLOGY	53	37.50
37.51 INTEREST INCOME NETTED FROM EXPEN	B	8647	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.51

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
37.52 NON-ALLOWABLE ADMIN COSTS	A	-526731	ADMINISTRATIVE & GENERAL	6	9 37.52
37.53 MATERIALS MANAGEMENT REVENUE	B	-43284	ADMINISTRATIVE & GENERAL	6	37.53
37.54 MISC IS	B	-4660	ADMINISTRATIVE & GENERAL	6	37.54
37.55 ULTRASOUND OTHER REV	B	-617	ULTRASOUND	43.10	37.55
37.56 HOSPICE OTHER REV	B	-40	HOSPICE	93	37.56
37.57 HHA OTHER REV	B	-92	HOME HEALTH AGENCY	71	37.57
37.58 DIETARY OTHER REVENUE	B	-17238	DIETARY	11	37.58
38 CARE DEPOT OTHER REV	B	-860	ADULTS & PEDIATRICS	25	38
38.02 VOLUNTEER SERVICES	A	-719208	ADMINISTRATIVE & GENERAL	6	38.02
38.04 OAK LAWN LAB COSTS	A	-140368	LABORATORY	44	38.04
38.05 NON-ALLOWABLE DUES	A	-10002	ADMINISTRATIVE & GENERAL	6	9 38.05
38.06 DEPR TELEPHONES, PATIENT PORTION	A	-11275	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38.06
38.07 NON-ALLOWABLE INTEREST EXPENSE	A	-976491	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.07
38.08 MARKETING COSTS	A	-879998	ADMINISTRATIVE & GENERAL	6	9 38.08
38.24 EMPLOYEE HEALTH COSTS	A	-3328744	ADMINISTRATIVE & GENERAL	6	38.24
38.26 PHYSICIAN MATCH EXPENSES	A	-93996	ADMINISTRATIVE & GENERAL	6	38.26
38.40 NON-ALLOWABLE DEPRECIATION	A	-148574	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.40
38.43 REAL ESTATE TAXES	A	-1400	ADMINISTRATIVE & GENERAL	6	38.43
38.56 RENTAL REVENUE	B	-88081	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.56
38.64 CHICAGO RIDGE HEALTH EDUCATION CO	A	-309047	ADMINISTRATIVE & GENERAL	6	38.64
38.65 SURGERY OTHER REV	B	-65	OPERATING ROOM	37	38.65
38.66 NUC MEDICINE OTHER REV	B	-295	RADIOISOTOPE	43	38.66
38.67 LABOR DEL RM OTHER REV	B	-20	DELIVERY ROOM & LABOR ROOM	39	38.67
38.68 EMERGENCY ROOM OTHER REV	B	-1364	EMERGENCY	61	38.68
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-13947468			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	59.30 MRI	MRI PROCEDURES	40169	60039	-19870	1
2						2
3	3 NEW CAP REL COSTS-BLDG & FIXT	POTTER PAV DEPR COSTS	27088		27088	9 3
4	6 ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COS	18691	124500	-105809	4
4.01	60 CLINIC	POTTER PAV COSTS	19827		19827	4.01
5	TOTALS		105775	184539	-78764	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
1	C SW HOSPITAL MRI			
2	C LCM INC.			
3				
4				
5				

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	2122900	1966628	156272	177800	258	22054	1103
2	25	ADULTS & PEDIATRICS	1601453	1556653	44800	177800	432	36928	1846
3	29.10	NICU	376000		376000	177800	1	86	4
4	31	SUBPROVIDER I	31200		31200	177800	120	10258	513
5	37	OPERATING ROOM	88761		88761	177800	1	86	4
6	39	DELIVERY ROOM & LABOR RO	62200		62200	177800	1	86	4
7	40	ANESTHESIOLOGY	10000		10000	177800	1	86	4
9	42	RADIOLOGY-THERAPEUTIC	105000	105000					
10	43.30	CATH LAB	36855		36855	177800	550	47014	2351
11	44	LABORATORY	27087		27087	177800	1	86	4
12	49	RESPIRATORY THERAPY	97800		97800	177800	503	42997	2150
13	53	ELECTROCARDIOLOGY	131040		131040	177800	1194	102064	5103
14	57	RENAL DIALYSIS	20400		20400	177800	144	12309	615
15	60	CLINIC	28564		28564	177800	1	86	4
16	61	EMERGENCY	64131		64131	177800	520	44450	2223
17	63	OUTPATIENT REHAB	8800		8800	177800	1	86	4
18	63.10	WOUND CARE CENTER	42840		42840	177800	60	5129	256
101		TOTAL	4855031	3628281	1226750		3788	323805	16188

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 10:34

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL AGGREGATE					22054	134218	2100846
2	25 ADULTS & PEDIATRICS AGGREGATE					36928	7872	1564525
3	29.10 NICU					86	375914	375914
4	31 SUBPROVIDER I					10258	20942	20942
5	37 OPERATING ROOM					86	88675	88675
6	39 DELIVERY ROOM & LABOR RO					86	62114	62114
7	40 ANESTHESIOLOGY					86	9914	9914
9	42 RADIOLOGY-THERAPEUTIC AGGREGATE							105000
10	43.30 CATH LAB					47014		
11	44 LABORATORY					86	27001	27001
12	49 RESPIRATORY THERAPY					42997	54803	54803
13	53 ELECTROCARDIOLOGY					102064	28976	28976
14	57 RENAL DIALYSIS					12309	8091	8091
15	60 CLINIC					86	28478	28478
16	61 EMERGENCY					44450	19681	19681
17	63 OUTPATIENT REHAB					86	8714	8714
18	63.10 WOUND CARE CENTER					5129	37711	37711
101	TOTAL					323805	913104	4541385

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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	2861335	29740	42344	46711	2980130	741298	125120		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	1654695	8079	2363	27435	1692572	421022	33990		93
94 MOBILE MED	263059			3915	266974	66409			94
95 SUBTOTALS	168087013	4602473	6820765	2139317	167898396	33385499	11994938	1308555	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		24938			24938	6203	104917		96
97.10 ADULT DAY CARE	324967			9943	334910	83308			97.10
98 PHYSICIANS' PRIVATE OFFICES	685647	34812		10597	731056	181848	146459		98
98.01 VACANT SPACE		104933			104933	26102	441466		98.01
100 FUND DEVELOPMENT		3394			3394	844	14277		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	169097627	4770550	6820765	2159857	169097627	33683804	12702057	1308555	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI-STRATION 14	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22
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				120418	513			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				70727	48218			93
94 MOBILE MED			5117	10092	1008			94
95 SUBTOTALS	3643484	2206918	1911067	2927655	3579976	3244394	1230121	583798
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	56432							96
97.10 ADULT DAY CARE	10274		12996	25631				97.10
98 PHYSICIANS' PRIVATE OFFICES	8320		13852					98
98.01 VACANT SPACE								98.01
100 FUND DEVELOPMENT								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3718510	2206918	1937915	2953286	3579976	3244394	1230121	583798

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	36722952	-260992	36461960	25
26 INTENSIVE CARE UNIT	9355922		9355922	26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU	1857905		1857905	29.10
31 SUBPROVIDER I	3292200		3292200	31
33 NURSERY	943778		943778	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	16651858	-322806	16329052	37
39 DELIVERY ROOM & LABOR ROOM	4523129		4523129	39
40 ANESTHESIOLOGY	922741		922741	40
41 RADIOLOGY-DIAGNOSTIC	7478396		7478396	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	4631619		4631619	42
43 RADIOISOTOPE	2232876		2232876	43
43.10 ULTRASOUND	2041034		2041034	43.10
43.20 CT SCAN	2381326		2381326	43.20
43.30 CATH LAB	1474718		1474718	43.30
44 LABORATORY	13165429		13165429	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	3958397		3958397	49
49.01 SLEEP LAB	322465		322465	49.01
50 PHYSICAL THERAPY	2788116		2788116	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	267531		267531	52
53 ELECTROCARDIOLOGY	2084517		2084517	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	201633		201633	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1919837		1919837	55
55.30 IMPL. DEV. CHARGED TO PATIENT	7049272		7049272	55.30
56 DRUGS CHARGED TO PATIENTS	13666493		13666493	56
57 RENAL DIALYSIS	1136946		1136946	57
58 ASC (NON-DISTINCT PART)	1590908		1590908	58
58.10 GI LAB	2959313		2959313	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 MRI	1564243		1564243	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	850388		850388	60
60.01 PALOS DIAGNOSTIC CENTER	526229		526229	60.01
61 EMERGENCY	8573161		8573161	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63 OUTPATIENT REHAB	2272517		2272517	63
63.10 WOUND CARE CENTER	774010		774010	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2009 TO 06/30/2010

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	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
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	3967479		3967479	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	2266529		2266529	93
94 MOBILE MED	349600		349600	94
95 SUBTOTALS	166765467	-583798	166181669	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	192490		192490	96
97.10 ADULT DAY CARE	467119		467119	97.10
98 PHYSICIANS' PRIVATE OFFICES	1081535		1081535	98
98.01 VACANT SPACE	572501		572501	98.01
100 FUND DEVELOPMENT	18515		18515	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	169097627	-583798	168513829	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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	2127	29740	42344	74211	1401	29929	15584		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	161466	8079	2363	171908	823	16999	4233		93
94 MOBILE MED					117	2681			94
95 SUBTOTALS	488900	4602473	6820765	11912138	64170	1347850	1493989	112031	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		24938		24938		250	13068		96
97.10 ADULT DAY CARE	108			108	298	3364			97.10
98 PHYSICIANS' PRIVATE OFFICES	900	34812		35712	318	7342	18242		98
98.01 VACANT SPACE		104933		104933		1054	54985		98.01
100 FUND DEVELOPMENT		3394		3394		34	1778		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	489908	4770550	6820765	12081223	64786	1359894	1582062	112031	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES
	10	11	12	14	16	17	18	22
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				4390	48			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				2578	4516			93
94 MOBILE MED			443	368	94			94
95 SUBTOTALS	188277	152928	165568	106731	335307	136983	35697	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2916							96
97.10 ADULT DAY CARE	531		1126	934				97.10
98 PHYSICIANS' PRIVATE OFFICES	430		1200					98
98.01 VACANT SPACE								98.01
100 FUND DEVELOPMENT								100
101 CROSS FOOT ADJUSTMENTS								38039 101
102 NEGATIVE COST CENTER								102
103 TOTAL	192154	152928	167894	107665	335307	136983	35697	38039 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2114739		2114739	25
26 INTENSIVE CARE UNIT	468375		468375	26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU	84400		84400	29.10
31 SUBPROVIDER I	214534		214534	31
33 NURSERY	22403		22403	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1375924		1375924	37
39 DELIVERY ROOM & LABOR ROOM	382185		382185	39
40 ANESTHESIOLOGY	147676		147676	40
41 RADIOLOGY-DIAGNOSTIC	1370848		1370848	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	760895		760895	42
43 RADIOISOTOPE	182611		182611	43
43.10 ULTRASOUND	121010		121010	43.10
43.20 CT SCAN	223673		223673	43.20
43.30 CATH LAB	350635		350635	43.30
44 LABORATORY	470296		470296	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	259982		259982	49
49.01 SLEEP LAB	21472		21472	49.01
50 PHYSICAL THERAPY	132987		132987	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	30549		30549	52
53 ELECTROCARDIOLOGY	259712		259712	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	33507		33507	54
55 MEDICAL SUPPLIES CHARGED TO PAT	263671		263671	55
55.30 IMPL. DEV. CHARGED TO PATIENT	59743		59743	55.30
56 DRUGS CHARGED TO PATIENTS	419579		419579	56
57 RENAL DIALYSIS	49263		49263	57
58 ASC (NON-DISTINCT PART)	48430		48430	58
58.10 GI LAB	360115		360115	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 MRI	386387		386387	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	71515		71515	60
60.01 PALOS DIAGNOSTIC CENTER	56387		56387	60.01
61 EMERGENCY	437972		437972	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63 OUTPATIENT REHAB	202863		202863	63
63.10 WOUND CARE CENTER	51568		51568	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
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	125563		125563	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	201057		201057	93
94 MOBILE MED	3703		3703	94
95 SUBTOTALS	11766229		11766229	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	41172		41172	96
97.10 ADULT DAY CARE	6361		6361	97.10
98 PHYSICIANS' PRIVATE OFFICES	63244		63244	98
98.01 VACANT SPACE	160972		160972	98.01
100 FUND DEVELOPMENT	5206		5206	100
101 CROSS FOOT ADJUSTMENTS	38039		38039	101
102 NEGATIVE COST CENTER				102
103 TOTAL	12081223		12081223	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	3	4	5	6A	6	
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	4075	4075	42414	64805		2980130	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	1107	1107	2367	38063		1692572	93
94 MOBILE MED				5431		266974	94
95 SUBTOTALS	630634	630634	6832040	2968027	-33683804	134214592	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	3417	3417				24938	96
97.10 ADULT DAY CARE				13794		334910	97.10
98 PHYSICIANS' PRIVATE OFFICES	4770	4770		14702		731056	98
98.01 VACANT SPACE	14378	14378				104933	98.01
100 FUND DEVELOPMENT	465	465				3394	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		4770550	6820765	2159857		33683804	103
104 UNIT COST MULT-WS B PT I		7.298168		.720788		.248747	104
104 UNIT COST MULT-WS B PT I			.998350				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				64786		1359894	107
108 UNIT COST MULT-WS B PT III				.021620		.010043	108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	
	8	9	10	11	12	14	16	
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	4075					64805	1163	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	1107					38063	109348	93
94 MOBILE MED					5431	5431	2285	94
95 SUBTOTALS	390660	521609	50360	237242	2028340	1575569	8118597	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	3417		780					96
97.10 ADULT DAY CARE			142		13794	13794		97.10
98 PHYSICIANS' PRIVATE OFFICES	4770		115		14702			98
98.01 VACANT SPACE	14378							98.01
100 FUND DEVELOPMENT	465							100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	12702057	1308555	3718510	2206918	1937915	2953286	3579976	103
104 UNIT COST MULT-WS B PT I	30.704288		72.348775		.942183		.440960	104
104 UNIT COST MULT-WS B PT I		2.508689		9.302392		1.858157		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	1582062	112031	192154	152928	167894	107665	335307	107
108 UNIT COST MULT-WS B PT III	3.824269		3.738623		.081627		.041301	108
108 UNIT COST MULT-WS B PT III		.214780		.644608		.067741		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	764664099			17
18 SOCIAL SERVICE		6571		18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES			85	22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	103389329	5611	38	25
26 INTENSIVE CARE UNIT	22327559	796		26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU	4307175			29.10
31 SUBPROVIDER I	7265179			31
33 NURSERY	3299940			33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	67842806		47	37
39 DELIVERY ROOM & LABOR ROOM	14168599			39
40 ANESTHESIOLOGY	19860907			40
41 RADIOLOGY-DIAGNOSTIC	33168838			41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	18898066			42
43 RADIOISOTOPE	12712202			43
43.10 ULTRASOUND	19430438			43.10
43.20 CT SCAN	51736722			43.20
43.30 CATH LAB	10789756			43.30
44 LABORATORY	104632753			44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY	26885112			49
49.01 SLEEP LAB	1391460			49.01
50 PHYSICAL THERAPY	8454175			50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	1340968			52
53 ELECTROCARDIOLOGY	20022667			53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	1385653			54
55 MEDICAL SUPPLIES CHARGED TO P	2473091			55
55.30 IMPL. DEV. CHARGED TO PATIENT	21048396			55.30
56 DRUGS CHARGED TO PATIENTS	85963661			56
57 RENAL DIALYSIS	2990048			57
58 ASC (NON-DISTINCT PART)	38662			58
58.10 GI LAB	19265766			58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 MRI	8784411			59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1208740			60
60.01 PALOS DIAGNOSTIC CENTER	1231612			60.01
61 EMERGENCY	60663203	164		61
62 OBSERVATION BEDS (NON-DISTINC				62
63 OUTPATIENT REHAB	4063215			63
63.10 WOUND CARE CENTER	3622990			63.10
63.50 RHC				63.50
63.60 FQHC				63.60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				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
94 MOBILE MED				94
95 SUBTOTALS	764664099	6571	85	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
97.10 ADULT DAY CARE				97.10
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 VACANT SPACE				98.01
100 FUND DEVELOPMENT				100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	3244394	1230121	583798	103
104 UNIT COST MULT-WS B PT I	.004243		6868.211765	
104 UNIT COST MULT-WS B PT I		187.204535		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	136983	35697	38039	107
108 UNIT COST MULT-WS B PT III	.000179		447.517647	
108 UNIT COST MULT-WS B PT III		5.432506		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	36461960		36461960	7872	36469832	25
26 INTENSIVE CARE UNIT	9355922		9355922		9355922	26
27 CORONARY CARE UNIT						27
29 SURGICAL INTENSIVE CARE UNI						29
29.10 NICU	1857905		1857905	375914	2233819	29.10
31 SUBPROVIDER I	3292200		3292200	20942	3313142	31
33 NURSERY	943778		943778		943778	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16329052		16329052	88675	16417727	37
39 DELIVERY ROOM & LABOR ROOM	4523129		4523129	62114	4585243	39
40 ANESTHESIOLOGY	922741		922741	9914	932655	40
41 RADIOLOGY-DIAGNOSTIC	7478396		7478396		7478396	41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	4631619		4631619		4631619	42
43 RADIOISOTOPE	2232876		2232876		2232876	43
43.10 ULTRASOUND	2041034		2041034		2041034	43.10
43.20 CT SCAN	2381326		2381326		2381326	43.20
43.30 CATH LAB	1474718		1474718		1474718	43.30
44 LABORATORY	13165429		13165429	27001	13192430	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3958397		3958397	54803	4013200	49
49.01 SLEEP LAB	322465		322465		322465	49.01
50 PHYSICAL THERAPY	2788116		2788116		2788116	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	267531		267531		267531	52
53 ELECTROCARDIOLOGY	2084517		2084517	28976	2113493	53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	201633		201633		201633	54
55 MEDICAL SUPPLIES CHARGED TO	1919837		1919837		1919837	55
55.30 IMPL. DEV. CHARGED TO PATIE	7049272		7049272		7049272	55.30
56 DRUGS CHARGED TO PATIENTS	13666493		13666493		13666493	56
57 RENAL DIALYSIS	1136946		1136946	8091	1145037	57
58 ASC (NON-DISTINCT PART)	1590908		1590908		1590908	58
58.10 GI LAB	2959313		2959313		2959313	58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 MRI	1564243		1564243		1564243	59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	850388		850388	28478	878866	60
60.01 PALOS DIAGNOSTIC CENTER	526229		526229		526229	60.01
61 EMERGENCY	8573161		8573161	19681	8592842	61
62 OBSERVATION BEDS (NON-DISTI	2001853		2001853		2001853	62
63 OUTPATIENT REHAB	2272517		2272517	8714	2281231	63
63.10 WOUND CARE CENTER	774010		774010	37711	811721	63.10
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	161599914		161599914	778886	162378800	101
102 LESS OBSERVATION BEDS	2001853		2001853		2001853	102
103 TOTAL	159598061		159598061	778886	160376947	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	99035682					25
26	INTENSIVE CARE UNIT	22327559					26
27	CORONARY CARE UNIT						27
29	SURGICAL INTENSIVE CARE UNI						29
29.10	NICU	4307175		4307175			29.10
31	SUBPROVIDER I	7265179		7265179			31
33	NURSERY	3299940		3299940			33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	35766128	32076678	67842806	.240690	.240690	.241997 37
39	DELIVERY ROOM & LABOR ROOM	11398941	2769658	14168599	.319236	.319236	.323620 39
40	ANESTHESIOLOGY	11472935	8387972	19860907	.046460	.046460	.046959 40
41	RADIOLOGY-DIAGNOSTIC	15010886	18157952	33168838	.225465	.225465	.225465 41
41.01	BREAST HEALTH CENTER						41.01
42	RADIOLOGY-THERAPEUTIC	968951	17929115	18898066	.245084	.245084	.245084 42
43	RADIOISOTOPE	5305891	7406311	12712202	.175648	.175648	.175648 43
43.10	ULTRASOUND	5878855	13551583	19430438	.105043	.105043	.105043 43.10
43.20	CT SCAN	22457898	29278824	51736722	.046028	.046028	.046028 43.20
43.30	CATH LAB	8781881	2007875	10789756	.136678	.136678	.136678 43.30
44	LABORATORY	57218507	47414246	104632753	.125825	.125825	.126083 44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	23909301	2975811	26885112	.147234	.147234	.149272 49
49.01	SLEEP LAB	5496	1385964	1391460	.231746	.231746	.231746 49.01
50	PHYSICAL THERAPY	3487321	4966854	8454175	.329792	.329792	.329792 50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	813779	527189	1340968	.199506	.199506	.199506 52
53	ELECTROCARDIOLOGY	12650263	7372404	20022667	.104108	.104108	.105555 53
53.01	C-PORT						53.01
54	ELECTROENCEPHALOGRAPHY	457833	927820	1385653	.145515	.145515	.145515 54
55	MEDICAL SUPPLIES CHARGED TO	2173699	299392	2473091	.776290	.776290	.776290 55
55.30	IMPL. DEV. CHARGED TO PATIE	17209602	3838794	21048396	.334908	.334908	.334908 55.30
56	DRUGS CHARGED TO PATIENTS	67761926	18201735	85963661	.158980	.158980	.158980 56
57	RENAL DIALYSIS	2981416	8632	2990048	.380243	.380243	.382949 57
58	ASC (NON-DISTINCT PART)		38662	38662	41.149139	41.149139	41.149139 58
58.10	GI LAB	5309115	13956651	19265766	.153605	.153605	.153605 58.10
59	ENTEROSTOMAL THERAPY						59
59.10	NEUROLOGY						59.10
59.20	EMG						59.20
59.30	MRI	3540678	5243733	8784411	.178070	.178070	.178070 59.30
59.40	AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	109164	1099576	1208740	.703533	.703533	.727093 60
60.01	PALOS DIAGNOSTIC CENTER	15877	1215735	1231612	.427268	.427268	.427268 60.01
61	EMERGENCY	24530858	36132345	60663203	.141324	.141324	.141648 61
62	OBSERVATION BEDS (NON-DISTI	303629	4050018	4353647	.459811	.459811	.459811 62
63	OUTPATIENT REHAB	1638	4061577	4063215	.559290	.559290	.561435 63
63.10	WOUND CARE CENTER	177697	3445293	3622990	.213638	.213638	.224047 63.10
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	475935700	288728399	764664099			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	475935700	288728399	764664099			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				2114739		2114739
26 INTENSIVE CARE UNIT				468375		468375
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU				84400		84400
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				214534		214534
33 NURSERY				22403		22403
101 TOTAL				2904451		2904451

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	55583	30589			38.05	1163911
26 INTENSIVE CARE UNIT	7647	4104			61.25	251370
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU	1541				54.77	
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4148	2024			51.72	104681
33 NURSERY	1991				11.25	
101 TOTAL	70910	36717				1519962

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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		1375924	67842806	14986672			.020281	303945 37
39 DELIVERY ROOM & LABOR ROOM		382185	14168599	26131			.026974	705 39
40 ANESTHESIOLOGY		147676	19860907	4218639			.007436	31370 40
41 RADIOLOGY-DIAGNOSTIC		1370848	33168838	8854337			.041329	365941 41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC		760895	18898066	490228			.040263	19738 42
43 RADIOISOTOPE		182611	12712202	2808340			.014365	40342 43
43.10 ULTRASOUND		121010	19430438	3201487			.006228	19939 43.10
43.20 CT SCAN		223673	51736722	12238346			.004323	52906 43.20
43.30 CATH LAB		350635	10789756	4655102			.032497	151277 43.30
44 LABORATORY		470296	104632753	29976268			.004495	134743 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		259982	26885112	14816390			.009670	143274 49
49.01 SLEEP LAB		21472	1391460	3350			.015431	52 49.01
50 PHYSICAL THERAPY		132987	8454175	2420715			.015730	38078 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		30549	1340968	617739			.022781	14073 52
53 ELECTROCARDIOLOGY		259712	20022667	6684254			.012971	86701 53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY		33507	1385653	288394			.024181	6974 54
55 MEDICAL SUPPLIES CHARGED TO P		263671	2473091	1259873			.106616	134323 55
55.30 IMPL. DEV. CHARGED TO PATIENT		59743	21048396	7982699			.002838	22655 55.30
56 DRUGS CHARGED TO PATIENTS		419579	85963661	37057636			.004881	180878 56
57 RENAL DIALYSIS		49263	2990048	2073452			.016476	34162 57
58 ASC (NON-DISTINCT PART)		48430	38662				1.252651	58
58.10 GI LAB		360115	19265766	3270612			.018692	61134 58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 MRI		386387	8784411	1702180			.043986	74872 59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		71515	1208740	29003			.059165	1716 60
60.01 PALOS DIAGNOSTIC CENTER		56387	1231612	15684			.045783	718 60.01
61 EMERGENCY		437972	60663203	12129517			.007220	87575 61
62 OBSERVATION BEDS (NON-DISTINC		116079	4353647				.026662	62
63 OUTPATIENT REHAB		202863	4063215	147			.049927	7 63
63.10 WOUND CARE CENTER		51568	3622990	150540			.014234	2143 63.10
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8647534	628428564	171957735				2010241 101

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 10:34

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					55583		30589	25
26 INTENSIVE CARE UNIT					7647		4104	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
29.10 NICU					1541			29.10
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4148		2024	31
33 NURSERY					1991			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					70910		36717	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							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
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
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 (14-0179) [] 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		67842806			14986672		11186776 37
39 DELIVERY ROOM & LABOR ROOM		14168599			26131		18206 39
40 ANESTHESIOLOGY		19860907			4218639		2832566 40
41 RADIOLOGY-DIAGNOSTIC		33168838			8854337		4950709 41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		18898066			490228		8588220 42
43 RADIOISOTOPE		12712202			2808340		3410458 43
43.10 ULTRASOUND		19430438			3201487		2377249 43.10
43.20 CT SCAN		51736722			12238346		9747428 43.20
43.30 CATH LAB		10789756			4655102		1235350 43.30
44 LABORATORY		104632753			29976268		1851587 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26885112			14816390		699126 49
49.01 SLEEP LAB		1391460			3350		312953 49.01
50 PHYSICAL THERAPY		8454175			2420715		18 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1340968			617739		33 52
53 ELECTROCARDIOLOGY		20022667			6684254		3043537 53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1385653			288394		239925 54
55 MEDICAL SUPPLIES CHARGED TO P		2473091			1259873		124299 55
55.30 IMPL. DEV. CHARGED TO PATIENT		21048396			7982699		1529861 55.30
56 DRUGS CHARGED TO PATIENTS		85963661			37057636		8461517 56
57 RENAL DIALYSIS		2990048			2073452		57
58 ASC (NON-DISTINCT PART)		38662					14843 58
58.10 GI LAB		19265766			3270612		4902926 58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI		8784411			1702180		1534559 59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1208740			29003		361404 60
60.01 PALOS DIAGNOSTIC CENTER		1231612			15684		696496 60.01
61 EMERGENCY		60663203			12129517		6133466 61
62 OBSERVATION BEDS (NON-DISTINC		4353647					996397 62
63 OUTPATIENT REHAB		4063215			147		904 63
63.10 WOUND CARE CENTER		3622990			150540		2104318 63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		628428564			171957735		77355131 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					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
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 MRI					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
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 (14-0179) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
39 OPERATING ROOM	.240690	.240690	.240690			37
40 DELIVERY ROOM & LABOR ROOM	.319236	.319236	.319236			39
41 ANESTHESIOLOGY	.046460	.046460	.046460			40
41 RADIOLOGY-DIAGNOSTIC	.225465	.225465	.225465			41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	.245084	.245084	.245084			42
43 RADIOISOTOPE	.175648	.175648	.175648			43
43.10 ULTRASOUND	.105043	.105043	.105043			43.10
43.20 CT SCAN	.046028	.046028	.046028			43.20
43.30 CATH LAB	.136678	.136678	.136678			43.30
44 LABORATORY	.125825	.125825	.125825			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.147234	.147234	.147234			49
49.01 SLEEP LAB	.231746	.231746	.231746			49.01
50 PHYSICAL THERAPY	.329792	.329792	.329792			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.199506	.199506	.199506			52
53 ELECTROCARDIOLOGY	.104108	.104108	.104108			53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	.145515	.145515	.145515			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.776290	.776290	.776290			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.334908	.334908	.334908			55.30
56 DRUGS CHARGED TO PATIENTS	.158980	.158980	.158980			56
57 RENAL DIALYSIS	.380243	.380243	.380243			57
58 ASC (NON-DISTINCT PART)	41.149139	41.149139	41.149139			58
58.10 GI LAB	.153605	.153605	.153605			58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 MRI	.178070	.178070	.178070			59.30
59.40 AUDIOLOGY						59.40
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.703533	.703533	.703533			60
60.01 PALOS DIAGNOSTIC CENTER	.427268	.427268	.427268			60.01
61 EMERGENCY	.141324	.141324	.141324			61
62 OBSERVATION BEDS (NON-DISTINCT)	.459811	.459811	.459811			62
63 OUTPATIENT REHAB	.559290	.559290	.559290			63
63.10 WOUND CARE CENTER	.213638	.213638	.213638			63.10
63.50 RHC						63.50
63.60 FQHC						63.60
65 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	.158980	1
2 PROGRAM VACCINE CHARGES	2	19163	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	3047	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 (14-0179) [] 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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		11186776						37
39 DELIVERY ROOM & LABOR ROOM		18206						39
40 ANESTHESIOLOGY		2832566						40
41 RADIOLOGY-DIAGNOSTIC		4950709						41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC		8588220						42
43 RADIOISOTOPE		3410458						43
43.10 ULTRASOUND		2377249						43.10
43.20 CT SCAN		9747428						43.20
43.30 CATH LAB		1235350						43.30
44 LABORATORY		1851587						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		699126						49
49.01 SLEEP LAB		312953						49.01
50 PHYSICAL THERAPY		18						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		33						52
53 ELECTROCARDIOLOGY		3043537						53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY		239925						54
55 MEDICAL SUPPLIES CHARGED TO PA		124299						55
55.30 IMPL. DEV. CHARGED TO PATIENT		1529861						55.30
56 DRUGS CHARGED TO PATIENTS		8461517						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		14843						58
58.10 GI LAB		4902926						58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 MRI		1534559						59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		361404						60
60.01 PALOS DIAGNOSTIC CENTER		696496						60.01
61 EMERGENCY		6133466						61
62 OBSERVATION BEDS (NON-DISTINCT		996397						62
63 OUTPATIENT REHAB		904						63
63.10 WOUND CARE CENTER		2104318						63.10
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		77355131						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		77355131						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] 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 OPERATING ROOM		2692545					37
39 DELIVERY ROOM & LABOR ROOM		5812					39
40 ANESTHESIOLOGY		131601					40
41 RADIOLOGY-DIAGNOSTIC		1116212					41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		2104835					42
43 RADIOISOTOPE		599040					43
43.10 ULTRASOUND		249713					43.10
43.20 CT SCAN		448655					43.20
43.30 CATH LAB		168845					43.30
44 LABORATORY		232976					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		102935					49
49.01 SLEEP LAB		72526					49.01
50 PHYSICAL THERAPY		6					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		7					52
53 ELECTROCARDIOLOGY		316857					53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		34913					54
55 MEDICAL SUPPLIES CHARGED TO PAT		96492					55
55.30 IMPL. DEV. CHARGED TO PATIENT		512363					55.30
56 DRUGS CHARGED TO PATIENTS		1345212					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)		610777					58
58.10 GI LAB		753114					58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI		273259					59.30
59.40 AUDIOLOGY							59.40
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		254260					60
60.01 PALOS DIAGNOSTIC CENTER		297590					60.01
61 EMERGENCY		866806					61
62 OBSERVATION BEDS (NON-DISTINCT		458154					62
63 OUTPATIENT REHAB		506					63
63.10 WOUND CARE CENTER		449562					63.10
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		14195573					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14195573					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-S179) [] 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		1375924	67842806	1475			.020281	30 37
39 DELIVERY ROOM & LABOR ROOM		382185	14168599				.026974	39
40 ANESTHESIOLOGY		147676	19860907				.007436	40
41 RADIOLOGY-DIAGNOSTIC		1370848	33168838	46524			.041329	1923 41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC		760895	18898066				.040263	42
43 RADIOISOTOPE		182611	12712202				.014365	43
43.10 ULTRASOUND		121010	19430438	5822			.006228	36 43.10
43.20 CT SCAN		223673	51736722	101638			.004323	439 43.20
43.30 CATH LAB		350635	10789756				.032497	43.30
44 LABORATORY		470296	104632753	593699			.004495	2669 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		259982	26885112	148034			.009670	1431 49
49.01 SLEEP LAB		21472	1391460				.015431	49.01
50 PHYSICAL THERAPY		132987	8454175	47445			.015730	746 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		30549	1340968	1678			.022781	38 52
53 ELECTROCARDIOLOGY		259712	20022667	49212			.012971	638 53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY		33507	1385653	3500			.024181	85 54
55 MEDICAL SUPPLIES CHARGED TO P		263671	2473091				.106616	55
55.30 IMPL. DEV. CHARGED TO PATIENT		59743	21048396				.002838	55.30
56 DRUGS CHARGED TO PATIENTS		419579	85963661	377213			.004881	1841 56
57 RENAL DIALYSIS		49263	2990048	17264			.016476	284 57
58 ASC (NON-DISTINCT PART)		48430	38662				1.252651	58
58.10 GI LAB		360115	19265766				.018692	58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 MRI		386387	8784411	9926			.043986	437 59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		71515	1208740	462			.059165	27 60
60.01 PALOS DIAGNOSTIC CENTER		56387	1231612				.045783	60.01
61 EMERGENCY		437972	60663203	221019			.007220	1596 61
62 OBSERVATION BEDS (NON-DISTINC		116079	4353647				.026662	62
63 OUTPATIENT REHAB		202863	4063215				.049927	63
63.10 WOUND CARE CENTER		51568	3622990				.014234	63.10
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8647534	628428564	1624911				12220 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-S179) [] 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 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							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
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
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-S179) [] 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		67842806			1475		37
39 DELIVERY ROOM & LABOR ROOM		14168599					39
40 ANESTHESIOLOGY		19860907					40
41 RADIOLOGY-DIAGNOSTIC		33168838			46524		41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		18898066					42
43 RADIOISOTOPE		12712202					43
43.10 ULTRASOUND		19430438			5822		43.10
43.20 CT SCAN		51736722			101638		43.20
43.30 CATH LAB		10789756					43.30
44 LABORATORY		104632753			593699		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26885112			148034		49
49.01 SLEEP LAB		1391460					49.01
50 PHYSICAL THERAPY		8454175			47445		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1340968			1678		52
53 ELECTROCARDIOLOGY		20022667			49212		53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1385653			3500		54
55 MEDICAL SUPPLIES CHARGED TO P		2473091					55
55.30 IMPL. DEV. CHARGED TO PATIENT		21048396					55.30
56 DRUGS CHARGED TO PATIENTS		85963661			377213		56
57 RENAL DIALYSIS		2990048			17264		57
58 ASC (NON-DISTINCT PART)		38662					58
58.10 GI LAB		19265766					58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI		8784411			9926		59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1208740			462		60
60.01 PALOS DIAGNOSTIC CENTER		1231612					60.01
61 EMERGENCY		60663203			221019		61
62 OBSERVATION BEDS (NON-DISTINC		4353647					62
63 OUTPATIENT REHAB		4063215					63
63.10 WOUND CARE CENTER		3622990					63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		628428564			1624911		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-S179) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					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
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 MRI					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
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				2114739		2114739
26 INTENSIVE CARE UNIT				468375		468375
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU				84400		84400
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				214534		214534
33 NURSERY				22403		22403
101 TOTAL				2904451		2904451

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	55583	6310			38.05	240096
26 INTENSIVE CARE UNIT	7647	816			61.25	49980
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU	1541	1112			54.77	60904
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4148				51.72	
33 NURSERY	1991	1158			11.25	13028
101 TOTAL	70910	9396				364008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1375924	67842806			.020281	37	
39 DELIVERY ROOM & LABOR ROOM		382185	14168599			.026974	39	
40 ANESTHESIOLOGY		147676	19860907			.007436	40	
41 RADIOLOGY-DIAGNOSTIC		1370848	33168838			.041329	41	
41.01 BREAST HEALTH CENTER							41.01	
42 RADIOLOGY-THERAPEUTIC		760895	18898066			.040263	42	
43 RADIOISOTOPE		182611	12712202			.014365	43	
43.10 ULTRASOUND		121010	19430438			.006228	43.10	
43.20 CT SCAN		223673	51736722			.004323	43.20	
43.30 CATH LAB		350635	10789756			.032497	43.30	
44 LABORATORY		470296	104632753			.004495	44	
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30	
49 RESPIRATORY THERAPY		259982	26885112			.009670	49	
49.01 SLEEP LAB		21472	1391460			.015431	49.01	
50 PHYSICAL THERAPY		132987	8454175			.015730	50	
51 OCCUPATIONAL THERAPY							51	
52 SPEECH PATHOLOGY		30549	1340968			.022781	52	
53 ELECTROCARDIOLOGY		259712	20022667			.012971	53	
53.01 C-PORT							53.01	
54 ELECTROENCEPHALOGRAPHY		33507	1385653			.024181	54	
55 MEDICAL SUPPLIES CHARGED TO P		263671	2473091			.106616	55	
55.30 IMPL. DEV. CHARGED TO PATIENT		59743	21048396			.002838	55.30	
56 DRUGS CHARGED TO PATIENTS		419579	85963661			.004881	56	
57 RENAL DIALYSIS		49263	2990048			.016476	57	
58 ASC (NON-DISTINCT PART)		48430	38662			1.252651	58	
58.10 GI LAB		360115	19265766			.018692	58.10	
59 ENTEROSTOMAL THERAPY							59	
59.10 NEUROLOGY							59.10	
59.20 EMG							59.20	
59.30 MRI		386387	8784411			.043986	59.30	
59.40 AUDIOLOGY							59.40	
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		71515	1208740			.059165	60	
60.01 PALOS DIAGNOSTIC CENTER		56387	1231612			.045783	60.01	
61 EMERGENCY		437972	60663203			.007220	61	
62 OBSERVATION BEDS (NON-DISTINC		116079	4353647			.026662	62	
63 OUTPATIENT REHAB		202863	4063215			.049927	63	
63.10 WOUND CARE CENTER		51568	3622990			.014234	63.10	
63.50 RHC							63.50	
63.60 FQHC							63.60	
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8647534	628428564				101	

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 10:34

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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					55583		6310	25
26 INTENSIVE CARE UNIT					7647		816	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
29.10 NICU					1541		1112	29.10
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4148			31
33 NURSERY					1991		1158	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					70910		9396	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							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
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
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 (14-0179) [] 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	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		67842806					37
39 DELIVERY ROOM & LABOR ROOM		14168599					39
40 ANESTHESIOLOGY		19860907					40
41 RADIOLOGY-DIAGNOSTIC		33168838					41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		18898066					42
43 RADIOISOTOPE		12712202					43
43.10 ULTRASOUND		19430438					43.10
43.20 CT SCAN		51736722					43.20
43.30 CATH LAB		10789756					43.30
44 LABORATORY		104632753					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26885112					49
49.01 SLEEP LAB		1391460					49.01
50 PHYSICAL THERAPY		8454175					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1340968					52
53 ELECTROCARDIOLOGY		20022667					53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1385653					54
55 MEDICAL SUPPLIES CHARGED TO P		2473091					55
55.30 IMPL. DEV. CHARGED TO PATIENT		21048396					55.30
56 DRUGS CHARGED TO PATIENTS		85963661					56
57 RENAL DIALYSIS		2990048					57
58 ASC (NON-DISTINCT PART)		38662					58
58.10 GI LAB		19265766					58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI		8784411					59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1208740					60
60.01 PALOS DIAGNOSTIC CENTER		1231612					60.01
61 EMERGENCY		60663203					61
62 OBSERVATION BEDS (NON-DISTINC		4353647					62
63 OUTPATIENT REHAB		4063215					63
63.10 WOUND CARE CENTER		3622990					63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		628428564					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					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
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 MRI					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

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) (14-0179)	SUB I (PPS) (14-S179)	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)	55583	4148					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	55583	4148					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55583	4148					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)	30589	2024					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) (14-0179)	SUB I (PPS) (14-S179)	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	36469832	3313142					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	36469832	3313142					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45845843	3080389					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45845843	3080389					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.795488	1.075560					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	824.82	742.62					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	36469832	3313142					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) (14-0179)	SUB I (PPS) (14-S179)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	656.13	798.73				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20070361	1616630				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20070361	1616630				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9355922	7647	1223.48	4104	5021162	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.10 NICU	2233819	1541	1449.59			46.10
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0179)	SUB I (PPS) (14-S179)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	28562110	234766				48
49 TOTAL PROGRAM INPATIENT COSTS	53653633	1851396				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1415281	104681				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2010241	12220				51
52 TOTAL PROGRAM EXCLUDABLE COST	3425522	116901				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	50228111	1734495				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) (14-0179)	SUB I (PPS) (14-S179)	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

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

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)
 (14-0179)(14-S179)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3051	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	656.13	84
85 OBSERVATION BED COST	2001853	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		36469832		2001853		86
87 NEW CAPITAL-RELATED COST	2114739	36469832	.057986	2001853	116079	87
88 NON PHYSICIAN ANESTHETIST		36469832		2001853		88
89 MEDICAL EDUCATION		36469832		2001853		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	55583						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	55583						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55583						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)	6310						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	1991						15
16 TITLE V OR XIX NURSERY DAYS	1158						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	36461960						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	36461960						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45845843						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45845843						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.795317						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	824.82						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	36461960						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	655.99						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4139297						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4139297						41
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST		
		1	2	3	4	5		
42	NURSERY (TITLES V AND XIX ONLY)	943778	1991	474.02	1158	548915	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	9355922	7647	1223.48	816	998360	43	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
46.10	NICU	1857905	1541	1205.65	1112	1340683	46.10	
47	OTHER SPECIAL CARE (SPECIFY)						47	
		HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	7027255						49
		PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	364008						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	364008						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	1	1	1	1	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

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
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IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3051	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	656.13	84
85 OBSERVATION BED COST	2001853	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0179) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		58169983		25
26 INTENSIVE CARE UNIT		13750630		26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU				29.10
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.241997	14986672	3626730	37
39 DELIVERY ROOM & LABOR ROOM	.323620	26131	8457	39
40 ANESTHESIOLOGY	.046959	4218639	198103	40
41 RADIOLOGY-DIAGNOSTIC	.225465	8854337	1996343	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	.245084	490228	120147	42
43 RADIOISOTOPE	.175648	2808340	493279	43
43.10 ULTRASOUND	.105043	3201487	336294	43.10
43.20 CT SCAN	.046028	12238346	563307	43.20
43.30 CATH LAB	.136678	4655102	636250	43.30
44 LABORATORY	.126083	29976268	3779498	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.149272	14816390	2211672	49
49.01 SLEEP LAB	.231746	3350	776	49.01
50 PHYSICAL THERAPY	.329792	2420715	798332	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.199506	617739	123243	52
53 ELECTROCARDIOLOGY	.105555	6684254	705556	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	.145515	288394	41966	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.776290	1259873	978027	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.334908	7982699	2673470	55.30
56 DRUGS CHARGED TO PATIENTS	.158980	37057636	5891423	56
57 RENAL DIALYSIS	.382949	2073452	794026	57
58 ASC (NON-DISTINCT PART)	41.149139			58
58.10 GI LAB	.153605	3270612	502382	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 MRI	.178070	1702180	303107	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.727093	29003	21088	60
60.01 PALOS DIAGNOSTIC CENTER	.427268	15684	6701	60.01
61 EMERGENCY	.141648	12129517	1718122	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.459811			62
63 OUTPATIENT REHAB	.561435	147	83	63
63.10 WOUND CARE CENTER	.224047	150540	33728	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		171957735	28562110	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		171957735		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-S179)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU				29.10
31 SUBPROVIDER I		3520418		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.241997	1475	357	37
39 DELIVERY ROOM & LABOR ROOM	.323620			39
40 ANESTHESIOLOGY	.046959			40
41 RADIOLOGY-DIAGNOSTIC	.225465	46524	10490	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	.245084			42
43 RADIOISOTOPE	.175648			43
43.10 ULTRASOUND	.105043	5822	612	43.10
43.20 CT SCAN	.046028	101638	4678	43.20
43.30 CATH LAB	.136678			43.30
44 LABORATORY	.126083	593699	74855	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.149272	148034	22097	49
49.01 SLEEP LAB	.231746			49.01
50 PHYSICAL THERAPY	.329792	47445	15647	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.199506	1678	335	52
53 ELECTROCARDIOLOGY	.105555	49212	5195	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	.145515	3500	509	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.776290			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.334908			55.30
56 DRUGS CHARGED TO PATIENTS	.158980	377213	59969	56
57 RENAL DIALYSIS	.382949	17264	6611	57
58 ASC (NON-DISTINCT PART)	41.149139			58
58.10 GI LAB	.153605			58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 MRI	.178070	9926	1768	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.727093	462	336	60
60.01 PALOS DIAGNOSTIC CENTER	.427268			60.01
61 EMERGENCY	.141648	221019	31307	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.459811			62
63 OUTPATIENT REHAB	.561435			63
63.10 WOUND CARE CENTER	.224047			63.10
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1624911	234766	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1624911		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0179)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
29.10 NICU			29.10
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.240690		37
39 DELIVERY ROOM & LABOR ROOM	.319236		39
40 ANESTHESIOLOGY	.046460		40
41 RADIOLOGY-DIAGNOSTIC	.225465		41
41.01 BREAST HEALTH CENTER			41.01
42 RADIOLOGY-THERAPEUTIC	.245084		42
43 RADIOISOTOPE	.175648		43
43.10 ULTRASOUND	.105043		43.10
43.20 CT SCAN	.046028		43.20
43.30 CATH LAB	.136678		43.30
44 LABORATORY	.125825		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.147234		49
49.01 SLEEP LAB	.231746		49.01
50 PHYSICAL THERAPY	.329792		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.199506		52
53 ELECTROCARDIOLOGY	.104108		53
53.01 C-PORT			53.01
54 ELECTROENCEPHALOGRAPHY	.145515		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.776290		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.334908		55.30
56 DRUGS CHARGED TO PATIENTS	.158980		56
57 RENAL DIALYSIS	.380243		57
58 ASC (NON-DISTINCT PART)	41.149139		58
58.10 GI LAB	.153605		58.10
59 ENTEROSTOMAL THERAPY			59
59.10 NEUROLOGY			59.10
59.20 EMG			59.20
59.30 MRI	.178070		59.30
59.40 AUDIOLOGY			59.40
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.703533		60
60.01 PALOS DIAGNOSTIC CENTER	.427268		60.01
61 EMERGENCY	.141324		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.459811		62
63 OUTPATIENT REHAB	.559290		63
63.10 WOUND CARE CENTER	.213638		63.10
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11976714				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11976714				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	23953428				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	887169				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	887169				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1774338				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	803141				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	266.13				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	3.09				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]	1.00				3.06
3.07 SUM OF LINES 3.04-3.06	2.84	1.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	4.56				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	3.84				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.84				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	2.84				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			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.011911				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.014840				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.011911				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	83474				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	83474				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	166947				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	333895 0	333895			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0504				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1751				4.01
4.02	SUM OF 4 AND 4.01	0.2255				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0783				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3751107				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	52794999				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	52794999				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4233783				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	192097				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	57220879				16
17	PRIMARY PAYER PAYMENTS	8502				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	57212377				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4167924				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	532843				20
21	REIMBURSABLE BAD DEBTS	819141				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	573399				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	542246				21.02
22	SUBTOTAL	53085009				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	IME REIMBURSEMENT					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	53085009				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	52166163				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	918846				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	540669				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0179) 1	HOSPITAL (14-0179) 1.01	HOSPITAL (14-0179) 1.02	
1 MEDICAL AND OTHER SERVICES	3047			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14195573			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13411953			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	3047			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19163			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	19163			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	19163			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	16116			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3047			17
17.01 TOTAL PPS PAYMENTS	13411953			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0179) 1	HOSPITAL (14-0179) 1.01	HOSPITAL (14-0179) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3327098		18.01
19 SUBTOTAL	10087902		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	49145		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10137047		23
24 PRIMARY PAYER PAYMENTS	557		24
25 SUBTOTAL	10136490		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	357637		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	250346		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	259699		27.02
28 SUBTOTAL	10386836		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)	-77		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10386913		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10133420		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	253493		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S179)	SUB I (14-S179)	SUB I (14-S179)	
	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-S179)	SUB I (14-S179)	SUB I (14-S179)
	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 AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0179)

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		52501500		10138047	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			06/04/2010	2917	3.01
PROGRAM .01					3.02
TO .02					3.03
PROVIDER .03		NONE			3.04
PROVIDER .04					3.05
TO .05					3.50
PROVIDER .51	01/15/2010	196113	01/15/2010	7544	3.51
TO .52	06/04/2010	139224			3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-335337		-4627	3.99
4 TOTAL INTERIM PAYMENTS		52166163		10133420	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-S179)

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)	1580907				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	5563				1.09
1.10	NET IPF PPS ECT PAYMENTS	4047				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)	11.364384				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1590517				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	1590517				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	1590517				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1590517				6
7	DEDUCTIBLES	147296				7
8	SUBTOTAL	1443221				8
9	COINSURANCE	22478				9
10	SUBTOTAL	1420743				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	5972				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	4180				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	5972				11.02
12	SUBTOTAL	1424923				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S179)	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		1424923				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1420743				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		4180				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0179) (OTHER)	SUB I (14-S179)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	7027255					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	7027255					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	7027255					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7027255					22
23	COST OF COVERED SERVICES	7027255					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	7027255					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	7027255					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0179) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	7027255					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
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						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
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						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
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						59
	SECTION 115.2						

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP 2.84 1.00	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		1.45	3.19
3.20	SEE INSTRUCTIONS		0.94	3.20
3.21	SEE INSTRUCTIONS		1.21	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		1.21	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		130000.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		157300	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		412100	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		36717	4
5	TOTAL INPATIENT DAYS		65868	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.557433	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	229718	229718	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2145	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		65868	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		11524	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2990048	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2009 TO 06/30/2010

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	55505029	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	8502	15
16	TOTAL PART A REASONABLE COST	55496527	16
PART B REASONABLE COST			
17	REASONABLE COST	14198620	17
18	PRIMARY PAYER PAYMENTS	557	18
19	TOTAL PART B REASONABLE COST	14198063	19
20	TOTAL REASONABLE COST	69694590	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.796282	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.203718	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	241242	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	192097	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	49145	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	8238	4
5	TOTAL INPATIENT DAYS	65868	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.125068	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	65868	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

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

WORKSHEET E-3
PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.84	2
3	UNADJUSTED DIRECT GME FTE CAP	3.09	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.84	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	2.84	13
14	UNADJUSTED IME FTE CAP	3.09	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	2.84	15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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

WORKSHEET E-3
PART VI

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	21592511			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	24966511			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	5679662			8
9	OTHER CURRENT ASSETS	3082035			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	55320719			11
FIXED ASSETS					
12	LAND	5761652			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	12478158			13
13.01	ACCUMULATED DEPRECIATION	-4391130			13.01
14	BUILDINGS	144330662			14
14.01	ACCUMULATED DEPRECIATION	-100490295			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	91757400			18
18.01	ACCUMULATED DEPRECIATION	-68824582			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	80621865			21
OTHER ASSETS					
22	INVESTMENTS	508960026			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	11781525			25
26	TOTAL OTHER ASSETS	520741551			26
27	TOTAL ASSETS	656684135			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6077111			28
29	SALARIES, WAGES & FEES PAYABLE	25103895			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3570000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	57765818			35
36	TOTAL CURRENT LIABILITIES	92516824			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	124355000			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	96570344			41
42	TOTAL LONG TERM LIABILITIES	220925344			42
43	TOTAL LIABILITIES	313442168			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	343241967			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	343241967			51
52	TOTAL LIABILITIES AND FUND BALANCES	656684135			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	298291157			1
2 NET INCOME (LOSS)	54884318			2
3 TOTAL	353175475			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7 NET ASSET TRANSFER	1089943			7
8 OTHER	264284			8
9 CONTR. OF PROPERTY AND EQUIP				9
10 TOTAL ADDITIONS	1354227			10
11 SUBTOTAL	354529702			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 PENSION ADJUSTMENT	10981736			13
14				14
15 ASSETS RELEASED FROM REST FOR OPER-	305999			15
16				16
17				17
18 TOTAL DEDUCTIONS	11287735			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	343241967			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	104216765		104216765	2
4 SUBPROVIDER I	7246013		7246013	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	111462778		111462778	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	22466087		22466087	12
13 CORONARY CARE UNIT				13
13.10 BURN INTENSIVE CARE UNIT				13.10
14 SURGICAL INTENSIVE CARE UNIT	4307175		4307175	14
15 NICU				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	26773262		26773262	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	138236040		138236040	18
19 ANCILLARY SERVICES	343981913	294815257	638797170	19
20 OUTPATIENT SERVICES		324459	324459	20
21 18.10 WOUND CARE CENTER				21
22 18.50 RHC				22
23 18.60 FQHC				23
24 HOME HEALTH AGENCY		5693114	5693114	24
25 AMBULANCE				25
26 CORF				26
27 ASC				27
28 HOSPICE				28
29 24.01 HOSPICE REVENUE		3164690	3164690	29
30 TOTAL PATIENT REVENUES	482217953	303997520	786215473	30

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		183045095	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	7037073		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		7037073	33
34 DEDUCT (SPECIFY)			34
35			35
36 PROVE LEVEL DEPRECIATION			36
37			37
38 TOTAL DEDUCTIONS			38
39 TOTAL OPERATING EXPENSES		190082168	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	786215473	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	599242020	2
3	NET PATIENT REVENUES	186973453	3
4	LESS - TOTAL OPERATING EXPENSES	190082168	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3108715	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1232339	6
7	INCOME FROM INVESTMENTS	19562000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	251000	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1926	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	704609	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	43342	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	60258	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2826	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	15384	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ENGINEERING MISC REV	35652	24
24.01	ADULT DAY CARE	274883	24.01
24.02	CARDIOLOGY PROFESSIONAL BILLING REV	209315	24.02
24.03	AFFILIATE SERVICES	375514	24.03
24.04	HEALTH PROMOTION	150320	24.04
24.05	CYTOPATHOLOGY	44272	24.05
24.06	LOSS ON SALE OF FIXED ASSETS	-23966	24.06
24.07	MISCELLANEOUS REVENUE	1624957	24.07
24.08	SELF INSURANCE INVESTMENT INCOME	605761	24.08
24.09	MATERNAL EDUCATION	4658	24.09
24.10	SCRAP SILVER REVENUE	7032	24.10
24.11	MEDICAL STAFFAPPLICATIONS	18500	24.11
24.12	VOTIVE LIGHT REVENUE	11104	24.12
24.14	OTHER BUILDING RENTAL INCOME	321990	24.14
24.15	AUDIT REVENUE	2485	24.15
24.16	CLASS REVENUE		24.16
24.17	UNREALIZED INVESTMENT GAINS	32447820	24.17
24.18	HHA MISC. REVENUE	92	24.18
24.19	HOSPICE OTHER REVENUE	42	24.19
24.20	LCC CONNECTIONS REVENUE		24.20
24.21	VOLUNTEER RESOURCES INCOME	5871	24.21
24.22	ECG REVENUE	2860	24.22
24.23	CASH OVER/SHORT	187	24.23
25	TOTAL OTHER INCOME	57993033	25
26	TOTAL	54884318	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	54884318	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	621481	114688			181045	917214 5
6 SKILLED NURSING CARE	1043480	192564	64217			1300261 6
7 PHYSICAL THERAPY	232492	42904	13333	226885		515614 7
8 OCCUPATIONAL THERAPY				14341		14341 8
9 SPEECH PATHOLOGY				4899		4899 9
10 MEDICAL SOCIAL SERVICES	20906	3858	1712			26476 10
11 HOME HEALTH AIDE	36060	6655	4811			47526 11
12 SUPPLIES					172893	172893 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	1954419	360669	84073	246125	353938	2999224 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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	-137797	779417	-92	779325	5
6 SKILLED NURSING CARE		1300261		1300261	6
7 PHYSICAL THERAPY		515614		515614	7
8 OCCUPATIONAL THERAPY		14341		14341	8
9 SPEECH PATHOLOGY		4899		4899	9
10 MEDICAL SOCIAL SERVICES		26476		26476	10
11 HOME HEALTH AIDE		47526		47526	11
12 SUPPLIES		172893		172893	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	-137797	2861427	-92	2861335	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7404

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
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	779325					779325	779325	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1300261					1300261	486705	1786966 6
7 PHYSICAL THERAPY	515614					515614	193002	708616 7
8 OCCUPATIONAL THERAPY	14341					14341	5368	19709 8
9 SPEECH PATHOLOGY	4899					4899	1834	6733 9
10 MEDICAL SOCIAL SERVICES	26476					26476	9910	36386 10
11 HOME HEALTH AIDE	47526					47526	17790	65316 11
12 SUPPLIES	172893					172893	64716	237609 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	2861335					2861335		2861335 24

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

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					-779325	2082010	5
6 SKILLED NURSING CARE						1300261	6
7 PHYSICAL THERAPY						515614	7
8 OCCUPATIONAL THERAPY						14341	8
9 SPEECH PATHOLOGY						4899	9
10 MEDICAL SOCIAL SERVICES						26476	10
11 HOME HEALTH AIDE						47526	11
12 SUPPLIES						172893	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					-779325	2082010	24
25 COST TO BE ALLOC (PER W/S H)						779325	25
26 UNIT COST MULTIPLIER						.374314	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		276095		276095			1
2 SKILLED NURSING CARE		2321826		2321826	173660	2495486	2
3 PHYSICAL THERAPY		903644		903644	67587	971231	3
4 OCCUPATIONAL THERAPY		24612		24612	1841	26453	4
5 SPEECH PATHOLOGY		8408		8408	629	9037	5
6 MEDICAL SOCIAL SERVICES		47848		47848	3579	51427	6
7 HOME HEALTH AIDE		88332		88332	6607	94939	7
8 SUPPLIES		296714		296714	22192	318906	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		3967479		3967479	276095	3967479	20
21 UNIT COST MULTIPLIER					.074794		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL	4075		4075	42414	21915		87880	1
2 SKILLED NURSING CARE					32760		1810579	2
3 PHYSICAL THERAPY					6802		713519	3
4 OCCUPATIONAL THERAPY							19709	4
5 SPEECH PATHOLOGY							6733	5
6 MEDICAL SOCIAL SERVICES					874		37016	6
7 HOME HEALTH AIDE					2454		67085	7
8 SUPPLIES							237609	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	4075		4075	42414	64805		2980130	20
21 TOTAL COST TO BE ALLOCATED			29740	42344	46711		741298	21
22 UNIT COST MULTIPLIER			7.298160		.720793		.248747	22
22 UNIT COST MULTIPLIER				.998350				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

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,	COSTS	ANCILLARY	COSTS	VISITS	COST	
		PART I,		COSTS			PER VISIT	
		COL 29,						
		LINE	1	2	3	4	5	
1	SKILLED NURSING CARE	2	2495486		2495486	13933	179.11	1
2	PHYSICAL THERAPY	3	971231		971231	6845	141.89	2
3	OCCUPATIONAL THERAPY	4	26453		26453	364	72.67	3
4	SPEECH PATHOLOGY	5	9037		9037	47	192.28	4
5	MEDICAL SOCIAL SERV	6	51427		51427	135	380.94	5
6	HOME HEALTH AIDE SERV	7	94939		94939	1662	57.12	6
7	TOTAL		3648573		3648573	22986		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5,	COSTS	ANCILLARY	COSTS	CHARGES		
		PART I,		COSTS				
		COL 29,						
		LINE	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	318906		318906	269636	1.182728	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.329792			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.199506			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.776290			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.334908			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.158980			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	141.89	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	72.67						2
3	SPEECH PATHOLOGY 4	192.28						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7404

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	2192783	2029566		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	2192783	2029566		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2192783	2029566		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1		SERVICES 2		
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1494763		1373780		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	74064		68023		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	31854		60722		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10890		7123		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES					10.10
10.11 TOTAL OTHER PAYMENTS					10.11
10.12 DME PAYMENTS					10.12
10.13 OXYGEN PAYMENTS					10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS					10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)					11
12 SUBTOTAL	1611571		1509648		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1611571		1509648		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1611571		1509648		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1611571		1509648		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	1611571		1509648		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1611571		1509648		24
25 TOTAL INTERIM PAYMENTS	1611571		1509648		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM					26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

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

HHA NO.: 14-7404

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		1611571		1509648	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1611571		1509648	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 .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.: 14-1511

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	213424	35865			8213	257502	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES					51233	51233	9
10 NURSING CARE	520486	87474	20728			628688	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY	685	115		9003		9803	11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	21199	3562	1283			26044	14
15 SPIRITUAL COUNSELING	97344	16358	6054			119756	15
16 DIETARY COUNSELING							16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	120637	20273	11019			151929	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					150022	150022	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					161466	161466	21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES					96336	96336	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	31303	5260	1451			38014	30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	1005078	168907	40535	9003	467270	1690793	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1					1
2					2
3					3
4					4
5					5
6	-36058	221444	-40	221404	6
7					7
8					8
9		51233		51233	9
10		628688		628688	10
10.20					10.20
11		9803		9803	11
12					12
13					13
14		26044		26044	14
15		119756		119756	15
16					16
17					17
18		151929		151929	18
18.20					18.20
19					19
20		150022		150022	20
20.30					20.30
20.31					20.31
20.32					20.32
21		161466		161466	21
22					22
23					23
24					24
25		96336		96336	25
26					26
27					27
28					28
29					29
30		38014		38014	30
31					31
32					32
33					33
34	-36058	1654735	-40	1654695	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1511

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									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									6
7 ADMINISTRATIVE AND GENERAL		30805		26370				156249	213424
8 INPATIENT CARE SERVICE									7
9 INPATIENT - GENERAL CARE									8
10 INPATIENT - RESPITE CARE									9
11 VISITING SERVICES									10
12 PHYSICIAN SERVICES									11
13 NURSING CARE				70315	450171				520486
14.20 NURSING CARE-CONT.HOME CARE									10.20
15 PHYSICAL THERAPY						685			685
16 OCCUPATIONAL THERAPY									12
17 SPEECH/LANGUAGE PATHOLOGY									13
18 MEDICAL SOCIAL SERVICES								21199	21199
19 SPIRITUAL COUNSELING								97344	97344
20 DIETARY COUNSELING									16
21 COUNSELING - OTHER									17
22 HH AIDE AND HOMEMAKER							120637		120637
23.20 HH AIDE & HMKR-CONT.HME CARE									18.20
24 OTHER									19
25 OTHER HOSPICE SERVICE COSTS									20
26 DRUGS, BIOL. & INFUS. THER.									20.30
27.30 ANALGESICS									20.30
28.31 SEDATIVES / HYPNOTICS									20.31
29.32 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									30
40 BEREAVEMENT PROGRAM COSTS								31303	31303
41 VOLUNTEER PROGRAM COSTS									31
42 FUNDRAISING									32
43 OTHER PROGRAM COSTS									33
44 TOTAL		30805		96685	450171	685	120637	306095	1005078

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1511

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		5177		4431				26257	35865
7									7
8									8
9									9
10				11816				75658	87474
10.20									10.20
11						115			115
12									12
13									13
14								3562	3562
15								16358	16358
16									16
17									17
18								20273	20273
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30								5260	5260
31									31
32									32
33									33
34		5177		16247		115		147368	168907

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1511 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								9003
16	OCCUPATIONAL THERAPY								9003
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								14
20	DIETARY COUNSELING								15
21	COUNSELING - OTHER								16
22	HH AIDE AND HOMEMAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								18
24	OTHER								18.20
25	OTHER HOSPICE SERVICE COSTS								19
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								28
39	HOSPICE NONREIMBURSABLE SERVICE								29
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								9003
									9003
									34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1511

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
1									1
2									2
3									3
4									4
5									5
6	221404						221404	221404	6
7									7
8									8
9	51233						51233	7914	59147
10	628688						628688	97116	725804
10.20									10.20
11	9803						9803	1514	11317
12									12
13									13
14	26044						26044	4023	30067
15	119756						119756	18499	138255
16									16
17									17
18	151929						151929	23469	175398
18.20									18.20
19									19
20	150022						150022	23174	173196
20.30									20.30
20.31									20.31
20.32									20.32
21	161466						161466	24942	186408
22									22
23									23
24									24
25	96336						96336	14881	111217
26									26
27									27
28									28
29									29
30	38014						38014	5872	43886
31									31
32									32
33									33
34	1654695						1654695		1654695

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		95857		95857			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES		73860		73860	3262	77122	4
5 NURSING CARE		935059		935059	41293	976352	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY		14132		14132	624	14756	6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		39324		39324	1737	41061	9
10 SPIRITUAL COUNSELING		181034		181034	7994	189028	10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		234295		234295	10346	244641	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		264496		264496	11680	276176	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		232776		232776	10279	243055	16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		138882		138882	6133	145015	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS		56814		56814	2509	59323	25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		2266529		2266529		2266529	29
30 UNIT COST MULTIPLIER					.044160		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL	1107		1107	2367	38063		37877	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES							59147	4
5 NURSING CARE							725804	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY							11317	6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE							30067	9
10 SPIRITUAL COUNSELING							138255	10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS							175398	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO							173196	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN							186408	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES							111217	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS							43886	25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL	1107		1107	2367	38063		1692572	29
30 TOTAL COST TO BE ALLOCATED			8079	2363	27435		421022	30
31 UNIT COST MULTIPLIER			7.298103		.720779		.248747	31
31 UNIT COST MULTIPLIER				.998310				31

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 10:34

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

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	0.329792		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.199506		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.158980		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.125825		6
7	MEDICAL SUPPLIES	55	0.776290		7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.334908		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.141324		8
9	RADIATION THERAPY	41	0.225465		9
9.01	BREAST HEALTH CENTER	41.01			9.01
10	ENTEROSTOMAL THERAPY	59			10
10.10	NEUROLOGY	59.10			10.10
10.20	EMG	59.20			10.20
10.30	MRI	59.30	0.178070		10.30
10.40	AUDIOLOGY	59.40			10.40
11	TOTALS				11

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 10:34

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				2266529	1
2 TOTAL UNDUPLICATED DAYS				15253	2
3 AGGREGATE COST PER DIEM				148.60	3
4 UNDUPLICATED MEDICARE DAYS	14302				4
5 AGGREGATE MEDICARE COST	2125277				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			951		12
13 AGGREGATE COST FOR OTHER DAYS			141319		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0179)	HOSPITAL (14-0179)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	3943609				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	85106				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	169.89				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]
					[E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01	3.17	0.00	3.17		4.01
					NO. OF INTERNS & RESIDENTS
4.02			0.53		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	20901				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0504				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1751				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2255				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0467				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	184167				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4233783				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					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
27 CORONARY CARE UNIT					27
29 SURGICAL INTENSIVE CARE UNIT					29
29.10 NICU					29.10
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					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
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 MRI					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					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
94 MOBILE MED					94
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97.10 ADULT DAY CARE					97.10
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 VACANT SPACE					98.01
100 FUND DEVELOPMENT					100
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	55.03		11.35				66.38 25
26 INTENSIVE CARE UNIT	53.67		10.67				64.34 26
29.10 NICU			72.16				72.16 29.10
33 NURSERY			58.16				58.16 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	22.09	16.49					38.58 37
39 DELIVERY ROOM & LABOR ROOM	0.18	0.13					0.31 39
40 ANESTHESIOLOGY	21.24	14.26					35.50 40
41 RADIOLOGY-DIAGNOSTIC	26.69	14.93					41.62 41
42 RADIOLOGY-THERAPEUTIC	2.59	45.44					48.03 42
43 RADIOISOTOPE	22.09	26.83					48.92 43
43.10 ULTRASOUND	16.48	12.23					28.71 43.10
43.20 CT SCAN	23.66	18.84					42.50 43.20
43.30 CATH LAB	43.14	11.45					54.59 43.30
44 LABORATORY	28.65	1.77					30.42 44
49 RESPIRATORY THERAPY	55.11	2.60					57.71 49
49.01 SLEEP LAB	0.24	22.49					22.73 49.01
50 PHYSICAL THERAPY	28.63						28.63 50
52 SPEECH PATHOLOGY	46.07						46.07 52
53 ELECTROCARDIOLOGY	33.38	15.20					48.58 53
54 ELECTROENCEPHALOGRAPHY	20.81	17.31					38.12 54
55 MEDICAL SUPPLIES CHARGED TO PAT	50.94	5.03					55.97 55
55.30 IMPL. DEV. CHARGED TO PATIENT	37.93	7.27					45.20 55.30
56 DRUGS CHARGED TO PATIENTS	43.11	9.84					52.95 56
57 RENAL DIALYSIS	69.35						69.35 57
58 ASC (NON-DISTINCT PART)		38.39					38.39 58
58.10 GI LAB	16.98	25.45					42.43 58.10
59.30 MRI	19.38	17.47					36.85 59.30
60 CLINIC	2.40	29.90					32.30 60
60.01 PALOS DIAGNOSTIC CENTER	1.27	56.55					57.82 60.01
61 EMERGENCY	19.99	10.11					30.10 61
62 OBSERVATION BEDS (NON-DISTINCT)		22.89					22.89 62
63 OUTPATIENT REHAB		0.02					0.02 63
63.10 WOUND CARE CENTER	4.16	58.08					62.24 63.10
101 TOTAL CHARGES	22.49	10.12					32.61 101

***** 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	48.79						48.79 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.14						0.14 41
43.10 ULTRASOUND	0.03						0.03 43.10
43.20 CT SCAN	0.20						0.20 43.20
44 LABORATORY	0.57						0.57 44
49 RESPIRATORY THERAPY	0.55						0.55 49
50 PHYSICAL THERAPY	0.56						0.56 50
52 SPEECH PATHOLOGY	0.13						0.13 52
53 ELECTROCARDIOLOGY	0.25						0.25 53
54 ELECTROENCEPHALOGRAPHY	0.25						0.25 54
56 DRUGS CHARGED TO PATIENTS	0.44						0.44 56
57 RENAL DIALYSIS	0.58						0.58 57
59.30 MRI	0.11						0.11 59.30
60 CLINIC	0.04						0.04 60
61 EMERGENCY	0.36						0.36 61
101 TOTAL CHARGES	0.21						0.21 101

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	4770550	2.82	-4770550	-7.03			3
4	NEW CAP REL COSTS-MVBLE EQUIP	6820765	4.03	-6820765	-10.05			4
5	EMPLOYEE BENEFITS	2095611	1.24	-2095611	-3.09			5
6	ADMINISTRATIVE & GENERAL	32090462	18.98	-32090462	-47.28			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	8605071	5.09	-8605071	-12.68			8
9	LAUNDRY & LINEN SERVICE	746620	.44	-746620	-1.10			9
10	HOUSEKEEPING	2484802	1.47	-2484802	-3.66			10
11	DIETARY	1298057	.77	-1298057	-1.91			11
12	CAFETERIA	959056	.57	-959056	-1.41			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2177458	1.29	-2177458	-3.21			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY	2343931	1.39	-2343931	-3.45			16
17	MEDICAL RECORDS & LIBRARY	2248122	1.33	-2248122	-3.31			17
18	SOCIAL SERVICE	857138	.51	-857138	-1.26			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	369744	.22	-369744	-.54			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	20531566	12.14	16191386	23.86	36722952	21.72	25
26	INTENSIVE CARE UNIT	5982713	3.54	3373209	4.97	9355922	5.53	26
27	CORONARY CARE UNIT							27
29	SURGICAL INTENSIVE CARE UNIT							29
29.10	NICU	1297023	.77	560882	.83	1857905	1.10	29.10
31	SUBPROVIDER I	1721250	1.02	1570950	2.31	3292200	1.95	31
33	NURSERY	659197	.39	284581	.42	943778	.56	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	9398369	5.56	7253489	10.69	16651858	9.85	37
39	DELIVERY ROOM & LABOR ROOM	2762478	1.63	1760651	2.59	4523129	2.67	39
40	ANESTHESIOLOGY	489052	.29	433689	.64	922741	.55	40
41	RADIOLOGY-DIAGNOSTIC	3750881	2.22	3727515	5.49	7478396	4.42	41
41.01	BREAST HEALTH CENTER							41.01
42	RADIOLOGY-THERAPEUTIC	1996143	1.18	2635476	3.88	4631619	2.74	42
43	RADIOISOTOPE	1392423	.82	840453	1.24	2232876	1.32	43
43.10	ULTRASOUND	1376317	.81	664717	.98	2041034	1.21	43.10
43.20	CT SCAN	1435687	.85	945639	1.39	2381326	1.41	43.20
43.30	CATH LAB	777977	.46	696741	1.03	1474718	.87	43.30
44	LABORATORY	9233338	5.46	3932091	5.79	13165429	7.79	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2493973	1.47	1464424	2.16	3958397	2.34	49
49.01	SLEEP LAB	224884	.13	97581	.14	322465	.19	49.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	1777369	1.05	1010747	1.49	2788116	1.65	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	181111	.11	86420	.13	267531	.16	52
53 ELECTROCARDIOLOGY	1178487	.70	906030	1.34	2084517	1.23	53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY	83589	.05	118044	.17	201633	.12	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1052873	.62	866964	1.28	1919837	1.14	55
55.30 IMPL. DEV. CHARGED TO PATIENT	5573558	3.30	1475714	2.17	7049272	4.17	55.30
56 DRUGS CHARGED TO PATIENTS	7872222	4.66	5794271	8.54	13666493	8.08	56
57 RENAL DIALYSIS	826541	.49	310405	.46	1136946	.67	57
58 ASC (NON-DISTINCT PART)	1134458	.67	456450	.67	1590908	.94	58
58.10 GI LAB	1743119	1.03	1216194	1.79	2959313	1.75	58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 MRI	832540	.49	731703	1.08	1564243	.93	59.30
59.40 AUDIOLOGY							59.40
60 CLINIC	393929	.23	456459	.67	850388	.50	60
60.01 PALOS DIAGNOSTIC CENTER	389475	.23	136754	.20	526229	.31	60.01
61 EMERGENCY	5260242	3.11	3312919	4.88	8573161	5.07	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63 OUTPATIENT REHAB	1142587	.68	1129930	1.66	2272517	1.34	63
63.10 WOUND CARE CENTER	475166	.28	298844	.44	774010	.46	63.10
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	2861335	1.69	1106144	1.63	3967479	2.35	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	1654695	.98	611834	.90	2266529	1.34	93
94 MOBILE MED	263059	.16	86541	.13	349600	.21	94
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			192490	.28	192490	.11	96
97.10 ADULT DAY CARE	324967	.19	142152	.21	467119	.28	97.10
98 PHYSICIANS' PRIVATE OFFICES	685647	.41	395888	.58	1081535	.64	98
98.01 VACANT SPACE			572501	.84	572501	.34	98.01
100 FUND DEVELOPMENT			18515	.03	18515	.01	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	169097627	100.00	0	.00	169097627	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	1375924	67842806	.020281	14986672	303945	37
39 DELIVERY ROOM & LABOR ROOM	382185	14168599	.026974	26131	705	39
40 ANESTHESIOLOGY	147676	19860907	.007436	4218639	31370	40
41 RADIOLOGY-DIAGNOSTIC	1370848	33168838	.041329	8854337	365941	41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	760895	18898066	.040263	490228	19738	42
43 RADIOISOTOPE	182611	12712202	.014365	2808340	40342	43
43.10 ULTRASOUND	121010	19430438	.006228	3201487	19939	43.10
43.20 CT SCAN	223673	51736722	.004323	12238346	52906	43.20
43.30 CATH LAB	350635	10789756	.032497	4655102	151277	43.30
44 LABORATORY	470296	104632753	.004495	29976268	134743	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	259982	26885112	.009670	14816390	143274	49
49.01 SLEEP LAB	21472	1391460	.015431	3350	52	49.01
50 PHYSICAL THERAPY	132987	8454175	.015730	2420715	38078	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	30549	1340968	.022781	617739	14073	52
53 ELECTROCARDIOLOGY	259712	20022667	.012971	6684254	86701	53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	33507	1385653	.024181	288394	6974	54
55 MEDICAL SUPPLIES CHARGED TO PAT	263671	2473091	.106616	1259873	134323	55
55.30 IMPL. DEV. CHARGED TO PATIENT	59743	21048396	.002838	7982699	22655	55.30
56 DRUGS CHARGED TO PATIENTS	419579	85963661	.004881	37057636	180878	56
57 RENAL DIALYSIS	49263	2990048	.016476	2073452	34162	57
58 ASC (NON-DISTINCT PART)	48430	38662	1.252651			58
58.10 GI LAB	360115	19265766	.018692	3270612	61134	58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 MRI	386387	8784411	.043986	1702180	74872	59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	71515	1208740	.059165	29003	1716	60
60.01 PALOS DIAGNOSTIC CENTER	56387	1231612	.045783	15684	718	60.01
61 EMERGENCY	437972	60663203	.007220	12129517	87575	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	116079	4353647	.026662			62
63 OUTPATIENT REHAB	202863	4063215	.049927	147	7	63
63.10 WOUND CARE CENTER	51568	3622990	.014234	150540	2143	63.10
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8647534	628428564		171957735	2010241	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	2114739		2114739	55583	38.05	30589	1163911 25
26	INTENSIVE CARE UNIT	468375		468375	7647	61.25	4104	251370 26
27	CORONARY CARE UNIT							27
29	SURGICAL INTENSIVE CARE UNIT							29
29.10	NICU	84400		84400	1541	54.77		29.10
101	TOTAL	2667514		2667514			34693	1415281 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1415281	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2010241	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3425522	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6405	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							34693	
PER DISCHARGE CAPITAL COSTS							534.82	
PER DIEM CAPITAL COSTS							98.74	

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)	50228111
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	243878348
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.206

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))	1851396
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5145329
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.360

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)	3425522
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.014

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	14195560
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)	77355080
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.184