

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED 12/03/2004 [XX] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. 00131 [] FINAL [XX] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ELMHURST MEMORIAL HOSPITAL (14-0200) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 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		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	290760	255476	507854	2
3	SWING BED - SNF			278342	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	290760	255476	786196	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 200 BERTEAU AVENUE P.O.BOX: 1
 1.01 CITY: ELMHURST STATE: IL ZIP CODE: 60126 COUNTY: DUPAGE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. NO 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). NO NO 21.07

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).

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?	NO							25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO							25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO							25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO							25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO							25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)								25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)								25.06
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.	NO							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	100	1.1046	1.1046					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.	465.00	1	1600	1600				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>									
28.03	STAFFING	0.00		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?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE 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: 6559923	PAID LOSSES:	AND/OR SELF INSURANCE:			
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	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		6466	1453	14533
2 HMO XIX				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF				4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6 INTENSIVE CARE UNIT				6
7 CORONARY CARE UNIT				7
8 BURN INTENSIVE CARE UNIT				8
9 SURGICAL INTENSIVE CARE UNIT				9
10 OTHER SPECIAL CARE (SPECIFY)				10
11 NURSERY				11
12 TOTAL HOSPITAL		6466	1453	14533
13 RPCH VISITS				13
14 SUBPROVIDER I		189	166	749
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
		2	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	125588961	83396	125672357	4264581.00	29.47		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	153926		153926	2220.00	69.34	CRNAS IN 20504	3
4 PHYSICIAN - PART A	191727		191727	2086.00	91.91		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	806127		806127	5881.00	137.07		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	2195929		2195929	79670.00	27.56		8
8.01 EXCLUDED AREA SALARIES	6412565	603975	7016540	176317.00	39.80	HHA, HOSPICE, PSYCH	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	558704		558704	7910.00	70.63	PER DETAILED LIST	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	436167		436167	3112.00	140.16		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	24252310		24252310			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1387803		1387803			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	10398		10398			CMS 339	17
18 PHYSICIAN PART A	16443		16443			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	33589		33589			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	3370557		3370557	35972.00	93.70		21
22 ADMINISTRATIVE & GENERAL	25100078	95576	25195654	884934.00	28.47		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	399444		399444	1342.00	297.65		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2607562	-89866	2517696	76787.00	32.79		24
25 LAUNDRY & LINEN SERVICE	483953		483953	36990.00	13.08		25
26 HOUSEKEEPING	2862758	-319100	2543658	188673.00	13.48		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2228038	-830029	1398009	63859.00	21.89		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	232914	823806	1056720	81368.00	12.99		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2827429		2827429	61223.00	46.18		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	4477670		4477670	114152.00	39.23		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1968641		1968641	95331.00	20.65		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	125028352	83396	125111748	4257822.00	29.38	1
2 EXCLUDED AREA SALARIES	8608494	603975	9212469	255987.00	35.99	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	116419858	-520579	115899279	4001835.00	28.96	3
4 SUBTOTAL OTHER WAGES & REL COSTS	994871		994871	11022.00	90.26	4
5 SUBTOTAL WAGE-RELATED COSTS	24268753		24268753		20.94%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	141683482	-520579	141162903	4012857.00	35.18	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	46559044	-319613	46239431	1640631.00	28.18	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1222		1337	2559	1
2 UNDUPLICATED CENSUS COUNT		1633.00		433.00	2066.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.05		1.05	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	2.02		2.02	4
5 OTHER ADMINISTRATIVE PERSONNEL	45.52		45.52	5
6 DIRECT NURSING SERVICE	8.56		8.56	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	7.53	.28	7.81	8
9 PHYSICAL THERAPY SUPERVISOR	.48		.48	9
10 OCCUPATIONAL THERAPY SERVICE	.68	.08	.76	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.04		.04	11
12 SPEECH PATHOLOGY SERVICE		.09	.09	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.66		.66	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PARISH NURSE	2.19		2.19	18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600		01600	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	8475	52	350	129	32	9038	21
22	SKILLED NURSING VISIT CHARGES	1478679	9100	61133	22072	4736	1575720	22
23	PHYSICAL THERAPY VISITS	7961		121	171	39	8292	23
24	PHYSICAL THERAPY VISIT CHARGES	1516186		23066	32445	6318	1578015	24
25	OCCUPATIONAL THERAPY VISITS	429		2	12		443	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	81822		382	2292		84496	26
27	SPEECH PATHOLOGY VISITS	9					9	27
28	SPEECH PATHOLOGY VISIT CHARGES	1719					1719	28
29	MEDICAL SOCIAL SERVICE VISITS	165	1	6	5		177	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	38434	234	1393	1148		41209	30
31	HOME HEALTH AIDE VISITS	945		5	26		976	31
32	HOME HEALTH AIDE VISIT CHARGES	130989		695	3584		135268	32
33	TOTAL VISITS	17984	53	484	343	71	18935	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	3247829	9334	86669	61541	11054	3416427	35
36	TOTAL NUMBER OF EPISODES	1253		200	28	3	1484	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1				1	37
38	TOTAL MEDICAL SUPPLY CHARGES	129625	111	5607	1750		137093	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		28						1
2	RUB		677						2
3	RUA		361						3
3.01	RUX		601						3.01
3.02	RUL		4270						3.02
4	RVC		48						4
5	RVB		507						5
6	RVA		209						6
6.01	RVX		270						6.01
6.02	RVL		2293						6.02
7	RHC		50						7
8	RHB		77						8
9	RHA		128						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		8						10
11	RMB		15						11
12	RMA		11						12
12.01	RMX		338						12.01
12.02	RML		517						12.02
13	RLB								13
14	RLA								14
15	SE3								15
16	SE2								16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		2						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		10410						46

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
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
11/24/2010 12:54

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

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

PART II - CENSUS DATA

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	14166708 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	14166708 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.217813 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	87686706 28
29	TOTAL GROSS MEDICAID COST	19099304 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	42129571 30
31	UNCOMPENSATED CARE COST	9176368 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	19099304 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				5688435	5688435	259649	5948084	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9095468	9095468	-4770	9090698	4
5	0500 EMPLOYEE BENEFITS	3370557	26494292	29864849	567080	30431929	-111624	30320305	5
6	0600 ADMINISTRATIVE & GENERAL	25100078	59779291	84879369	-17205475	67673894	-17391321	50282573	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2607562	9377746	11985308	-970774	11014534		11014534	8
9	0900 LAUNDRY & LINEN SERVICE	483953	1276357	1760310		1760310		1760310	9
10	1000 HOUSEKEEPING	2862758	625414	3488172	-421138	3067034		3067034	10
11	1100 DIETARY	2228038	1550571	3778609	-1620827	2157782	-601847	1555935	11
12	1200 CAFETERIA	232914	171816	404730	1607053	2011783	-1275409	736374	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2827429	192867	3020296		3020296	-50698	2969598	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY	4477670	18948556	23426226	-18534943	4891283	-528346	4362937	16
17	1700 MEDICAL RECORDS & LIBRARY	1968641	208176	2176817		2176817	-123863	2052954	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	22465595	2261757	24727352	-356156	24371196	-730633	23640563	25
26	2600 INTENSIVE CARE UNIT	4295963	597377	4893340	53200	4946540	-53116	4893424	26
27	2700 CORONARY CARE UNIT								27
31	3100 SUBPROVIDER I	1371491	41343	1412834	219305	1632139	-17466	1614673	31
33	3300 NURSERY				861287	861287		861287	33
34	3400 SKILLED NURSING FACILITY	2195929	146493	2342422	274356	2616778	-7836	2608942	34
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	8800034	14084367	22884401	-7397006	15487395	-117276	15370119	37
40	4000 ANESTHESIOLOGY	341995	344566	686561		686561	-153926	532635	40
41	4100 RADIOLOGY-DIAGNOSTIC	7509046	2302082	9811128	-1266107	8545021	-476450	8068571	41
42	4200 RADIOLOGY-THERAPEUTIC	2004443	4777514	6781957	522182	7304139	-3516	7300623	42
43	4300 RADIOISOTOPE	624546	634536	1259082	96276	1355358		1355358	43
44	4400 LABORATORY	6888152	7814201	14702353	147692	14850045	-182614	14667431	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1648134	380440	2028574	32592	2061166	-49744	2011422	49
49.01	3950 SLEEP LAB	339183	167220	506403		506403		506403	49.01
50	5000 PHYSICAL THERAPY	3201827	288739	3490566	135224	3625790	-1624	3624166	50
51	5100 OCCUPATIONAL THERAPY	667092	50648	717740	105867	823607		823607	51
52	5200 SPEECH PATHOLOGY	282349	1519	283868	41871	325739		325739	52
53	5300 ELECTROCARDIOLOGY	824414	1193762	2018176		2018176	-1139031	879145	53
53.01	3120 CATH LAB	1348804	5377125	6725929	-3860105	2865824		2865824	53.01
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				11898756	11898756		11898756	55.30
56	5600 DRUGS CHARGED TO PATIENTS				18534943	18534943		18534943	56
57	5700 RENAL DIALYSIS		565511	565511		565511		565511	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	467206	42073	509279		509279		509279	60
61	6100 EMERGENCY	4727339	838881	5566220	363000	5929220	-436169	5493051	61
61.01	4950 OUTPATIENT CLINICS	3896466	1328904	5225370	154566	5379936	-2930182	2449754	61.01
61.02	4951 CARDIAC REHAB	488279	12452	500731		500731	-30	500701	61.02
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	3093028	2180183	5273211	-1092405	4180806	-332011	3848795	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
93	9300 HOSPICE	535256	825860	1361116	193854	1554970	-83	1554887	93
95	SUBTOTALS	124176171	164882639	289058810	-2131929	286926881	-26459936	260466945	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	128710	58382	187092		187092		187092	96
98	9800 PHYSICIANS' PRIVATE OFFICES	1284080	2204279	3488359	2119777	5608136	-2825517	2782619	98
98.01	9801 MEALS ON WHEELS								98.01
98.02	9802 GUEST MEALS				12152	12152		12152	98.02
100	7950 OTHER NONREIMBURSABLE								100
101	TOTAL	125588961	167145300	292734261		292734261	-29285453	263448808	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 RECLASS CAFETERIA	A	CAFETERIA	12	823806	784869
2	A	GUEST MEALS	98.02	6223	5929
3					
4 RECLASS DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		6161565
5	B	NEW CAP REL COSTS-MVBLE EQUIP	4		7906647
6					
7					
8 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	56		18534943
9					
10 RECLASS PHYSICIAN ADMIN TIMES	D	SUBPROVIDER I	31		17550
11	D	SKILLED NURSING FACILITY	34		7920
12	D	OPERATING ROOM	37		117360
13	D	RADIOLOGY-THERAPEUTIC	42		3600
14	D	ADULTS & PEDIATRICS	25		871882
15	D	INTENSIVE CARE UNIT	26		53200
16	D	LABORATORY	44		182692
17	D	RESPIRATORY THERAPY	49		32592
18	D	EMERGENCY	61		363000
19	D	OUTPATIENT CLINICS	61.01		41799
20					
21					
22 RECLASS HHA BENEFITS	E	EMPLOYEE BENEFITS	5		679664
23					
24					
25 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-THERAPEUTIC	42	497975	20607
26	F	RADIOISOTOPE	43	92450	3826
27					
28 RECLASS SELF FUNDED DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		1188821
29	G				
30	G				
31	G				
32	G				
33	G				
34	G				
35	G				
36 SUBTOTAL				1420454	36978466

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
2		1	6	7	8	9	
1	RECLASS CAFETERIA	A	DIETARY	11	830029	790798	1
2		A					2
3							3
4	RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6		14068212	9 4
5		B					9 5
6							6
7							7
8	RECLASS DRUGS SOLD	C	PHARMACY	16		18534943	8
9							9
10	RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	6		1691595	10
11		D					11
12		D					12
13		D					13
14		D					14
15		D					15
16		D					16
17		D					17
18		D					18
19		D					19
20							20
21							21
22	RECLASS HHA BENEFITS	E	HOME HEALTH AGENCY	71		679664	22
23							23
24							24
25	RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	41	590425	24433	25
26		F					26
27							27
28	RECLASS SELF FUNDED DEPRECIATION	G	EMPLOYEE BENEFITS	5		112584	9 28
29		G	ADMINISTRATIVE & GENERAL	6		558376	29
30		G	OPERATION OF PLANT	8		284464	30
31		G	CAFETERIA	12		1622	31
32		G	ADULTS & PEDIATRICS	25		36483	32
33		G	OPERATING ROOM	37		126964	33
34		G	LABORATORY	44		35000	34
35		G	OUTPATIENT CLINICS	61.01		15746	35
36	SUBTOTAL				1420454	36960884	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	G				1
2					2
3 PSYCH ADMIN COSTS	H	SUBPROVIDER I	31	200966	789 3
4	H	OUTPATIENT CLINICS	61.01	128011	502 4
5					5
6					6
7					7
8					8
9 RECLASS NURSERY COSTS	I	NURSERY	33	775856	85431 9
10					10
11 RECLASSIFY HOSPITAL OVERHEAD COSTS	K	ADMINISTRATIVE & GENERAL	6	209772	9115 11
12					12
13					13
14					14
15					15
16 RECLASS HHA ADMIN TO HOSPICE	L	HOSPICE	93	145771	48083 16
17					17
18 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	51	56707	1140 18
19	M	SPEECH PATHOLOGY	52	22428	451 19
20					20
21 RECLASS PROPERTY INSURANCE TO BLDG	N	NEW CAP REL COSTS-BLDG & FIXT	3		321000 21
22					22
23 SNF MANAGEMENT FEES	O	SKILLED NURSING FACILITY	34		266436 23
24	O	PHYSICAL THERAPY	50		233532 24
25	O	OCCUPATIONAL THERAPY	51		48020 25
26	O	SPEECH PATHOLOGY	52		18992 26
27					27
28 RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES	98	113584	130768 28
29	Q				29
30					30
31 RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES	98	492974	1382451 31
32	R				32
33	R				33
34	R				34
35					35
36 SUBTOTAL				3566523	39525176 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	G	PHYSICAL THERAPY	50		17582	1
2						2
3	H	ADULTS & PEDIATRICS	25	328977	1291	3
4	H					4
5						5
6						6
7						7
8						8
9	I	ADULTS & PEDIATRICS	25	775856	85431	9
10						10
11						11
12	COS K	HOME HEALTH AGENCY	71	209772	9115	12
13						13
14						14
15						15
16	L	HOME HEALTH AGENCY	71	145771	48083	16
17						17
18	M	PHYSICAL THERAPY	50	79135	1591	18
19	M					19
20						20
21	N	ADMINISTRATIVE & GENERAL	6		321000	9 21
22						22
23	O	ADMINISTRATIVE & GENERAL	6		566980	23
24	O					24
25	O					25
26	O					26
27						27
28	Q	OPERATION OF PLANT	8	28308	114068	28
29	Q	HOUSEKEEPING	10	85276	16700	29
30						30
31	R	NEW CAP REL COSTS-BLDG & FIXT	3		794130	9 31
32	R	ADMINISTRATIVE & GENERAL	6	197592	20607	32
33	R	OPERATION OF PLANT	8	61558	482376	33
34	R	HOUSEKEEPING	10	233824	85338	34
35						35
36				3566523	39525176	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				1
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	2
3		S					3
4		S					4
5	IMPLANTS	S	IMPL. DEV. CHARGED TO PATIENT	55.30		11898756	5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15	WAGE INDEX RECLASS	T	ADMINISTRATIVE & GENERAL	6	83396		15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS					3649919	51423932 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	S	6				1
2	S		37		7387402	2
3	S		41		651249	3
4	S		53.01		3860105	4
5	T		6		83396	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
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			3566523	51507328	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3511314					3511314		1
2 LAND IMPROVEMENTS	8136471	6705		6705		8143176		2
3 BUILDINGS AND FIXTURES	94316821	1261836		1261836		95578657		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	81680398	1572708		1572708	4798	83248308		5
6 MOVABLE EQUIPMENT	132713441	9989700		9989700	1418847	141284294		6
7 SUBTOTAL	320358445	12830949		12830949	1423645	331765749		7
8 RECONCILING ITEMS								8
9 TOTAL	320358445	12830949		12830949	1423645	331765749		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-970425	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-38429	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-125031	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3681985			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	2933151			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1275409	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-123863	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		HOME HEALTH AGENCY	71	27
	A-8-3				
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				
	WKST A-8-4				36
37 COMMUNITY ED REVENUE	B	-40099	ADMINISTRATIVE & GENERAL	6	37
37.03 ADVERTISING OFFSET	A	-2495617	ADMINISTRATIVE & GENERAL	6	37.03
37.08 FOUNDATION SALARIES CONTRA	B	-528383	ADMINISTRATIVE & GENERAL	6	37.08
37.15 OFFSET ANSWERING SVC REVENUES	B	-445917	ADMINISTRATIVE & GENERAL	6	37.15
37.21 RADIOLOGY OTHER REVENUE	B	-4689	RADIOLOGY-DIAGNOSTIC	41	37.21
37.26 OFFSET MGMT FEES FOUNDATION	B	-55707	ADMINISTRATIVE & GENERAL	6	37.26
37.27 HHA RELATED PARTY RENT	A	-239900	HOME HEALTH AGENCY	71	37.27
38 ADVERTISING BENEFITS	A	-89628	EMPLOYEE BENEFITS	5	38
38.31 UNFUNDED MALPRACTICE SELF-INS	A	-2809810	ADMINISTRATIVE & GENERAL	6	38.31
38.32 FOOD SERVICES OTHER REVENUE	B	-8598	DIETARY	11	38.32
38.33 NURSING ADMIN OTHER REVENUE	B	-50698	NURSING ADMINISTRATION	14	38.33
39					39
40					40
40.20 PHYSICAL THERAPY OTHER REVENUE	B	-1624	PHYSICAL THERAPY	50	40.20
40.21 PATIENT PHONE BENEFITS	A	-11644	EMPLOYEE BENEFITS	5	40.21
40.22 PATIENT PHONE DEPR	A	-4770	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.22
41					41
42 DIETARY LEASED EMPLOYEES	B	-42180	DIETARY	11	42
43					43
44 OFFSET PERINATAL ED REVENUES	B	-22900	ADULTS & PEDIATRICS	25	44
45					45
46 OFFSET BAD DEBT EXPENSE	A	-11254111	ADMINISTRATIVE & GENERAL	6	46
47					47
47.01 OFFSET IHA LOBBYIN DUES	A	-30678	ADMINISTRATIVE & GENERAL	6	47.01
47.04 OTHER DUES, LOBBYING	A	-15567	ADMINISTRATIVE & GENERAL	6	47.04
47.05 MISCELLANEOUS REVENUE	B	-143011	ADMINISTRATIVE & GENERAL	6	47.05
48 PHARMACY OTHER REVENUE	B	-12500	PHARMACY	16	48
49 OFFSET INFUSION THERAPY COST	A	-515846	PHARMACY	16	49
49.03 OFFSET HHA BAD DEBTS	A	-92111	HOME HEALTH AGENCY	71	49.03
49.07 OFFSET GOODWILL	A	-80327	ADMINISTRATIVE & GENERAL	6	49.07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.09 PAT ACCTG OTHER REVENUE	B	-9605	ADMINISTRATIVE & GENERAL	6	49.09
49.11 QUAL RESOURCE MGMT REVENUE	B	-241	ADMINISTRATIVE & GENERAL	6	49.11
49.14 DIETARY PAT. REVENUE	B	-490617	DIETARY	11	49.14
49.16 CLINICAL NUTRITION REVENUE	B	-60452	DIETARY	11	49.16
49.18 BREAST PUMP RENTAL REVENUE	B	-8853	ADULTS & PEDIATRICS	25	49.18
49.19 BIRTHING CENTER OTHER REVENUE	B	-1500	ADULTS & PEDIATRICS	25	49.19
49.20 HOSPICE BAD DEBTS	A	-83	HOSPICE	93	49.20
49.21 ER NURSING EDUCATION REVENUE	B	-3585	EMERGENCY	61	49.21
49.22 ER OTHER OPER REVENUE	B	-243584	EMERGENCY	61	49.22
49.23 OTHER CLINICS REVENUE	B	-2511702	OUTPATIENT CLINICS	61.01	49.23
49.24 CARDIAC REHAB OTHER REVENUE	B	-30	CARDIAC REHAB	61.02	49.24
49.25 CRNA PART B COSTS	A	-153926	ANESTHESIOLOGY	40	49.25
49.26 CRNA BENEFITS	A	-10352	EMPLOYEE BENEFITS	5	49.26
49.28 REAL ESTATE TAXES	A	-396470	ADMINISTRATIVE & GENERAL	6	49.28
49.29 ACCESS HEALTH SUBSIDY	A	-290630	ADMINISTRATIVE & GENERAL	6	49.29
49.31 PHYSICIANS PART B COSTS	A	-2825517	PHYSICIANS' PRIVATE OFFICES	98	49.31
50 TOTAL		-29285453			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	2087077		2087077	1
2							2
3	6	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD		384000	-384000	3
4	3	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	259649		259649	9 4
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	970425		970425	9 4.02
5		TOTALS		3317151	384000	2933151	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B ELMHURST PARENT CORP	100.00			
2					
3					
4					
5					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	334765	334765					
2	25	ADULTS & PEDIATRICS	871882	680155	191727	174000	2086	174502	8725
3	26	INTENSIVE CARE UNIT	53200		53200	174000	1	84	4
4	31	SUBPROVIDER I	17550		17550	174000	1	84	4
5	34	SKILLED NURSING FACILITY	7920		7920	174000	1	84	4
6	37	OPERATING ROOM	117360		117360	174000	1	84	4
7	41	RADIOLOGY-DIAGNOSTIC	471761	471761					
8	42	RADIOLOGY-THERAPEUTIC	3600		3600	174000	1	84	4
9	44	LABORATORY	182698		182698	174000	1	84	4
10	49	RESPIRATORY THERAPY	49828	17236	32592	174000	1	84	4
11	53	ELECTROCARDIOLOGY	1139031	1139031					
12	61	EMERGENCY	363000		363000	174000	2080	174000	8700
13	61.01	OUTPATIENT CLINICS	418564	376805	41759	174000	1	84	4
101		TOTAL	4031159	3019753	1011406		4174	349174	17457

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					334765
2	25	ADULTS & PEDIATRICS	BIRTHING CENTER			174502	17225	697380
3	26	INTENSIVE CARE UNIT	AGGREGATE			84	53116	53116
4	31	SUBPROVIDER I	AGGREGATE			84	17466	17466
5	34	SKILLED NURSING FACILITY	AGGREGATE			84	7836	7836
6	37	OPERATING ROOM	AGGREGATE			84	117276	117276
7	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					471761
8	42	RADIOLOGY-THERAPEUTIC	AGGREGATE			84	3516	3516
9	44	LABORATORY	AGGREGATE			84	182614	182614
10	49	RESPIRATORY THERAPY	AGGREGATE			84	32508	49744
11	53	ELECTROCARDIOLOGY	AGGREGATE					1139031
12	61	EMERGENCY	AGGREGATE			174000	189000	189000
13	61.01	OUTPATIENT CLINICS	AGGREGATE			84	41675	418480
101		TOTAL				349174	662232	3681985

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	5948084	5948084							3
4 NEW CAP REL COSTS-MVBLE EQUIP	9090698		9090698						4
5 EMPLOYEE BENEFITS	30320305	43335	115100	30478740					5
6 ADMINISTRATIVE & GENERAL	50282573	1003822	3205577	6279016	60770988	60770988			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	11014534	1375488	251116	627433	13268571	3978448	17247019		8
9 LAUNDRY & LINEN SERVICE	1760310	138033	2098	120605	2021046	605990	675278	3302314	9
10 HOUSEKEEPING	3067034	61200	8148	633902	3770284	1130482	299402		10
11 DIETARY	1555935	75927	21255	348396	2001513	600134	371446		11
12 CAFETERIA	736374	113828	19418	263344	1132964	339708	556867		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2969598	30613	514308	704621	4219140	1265067	149765		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	4362937	36029	70360	1115876	5585202	1674667	176260		16
17 MEDICAL RECORDS & LIBRARY	2052954	54738	152858	490603	2751153	824906	267788		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	23640563	866923	280955	5323294	30111735	9028774	4241132	1476215	25
26 INTENSIVE CARE UNIT	4893424	146552	77433	1070593	6188002	1855411	716956	170088	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I	1614673	78089	8053	391870	2092685	627471	382026	25378	31
33 NURSERY	861287	50712	34431	193350	1139780	341752	248089	16186	33
34 SKILLED NURSING FACILITY	2608942	111244	8236	547245	3275667	982176	544222	169509	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	15370119	399723	1119532	2193048	19082422	5721673	1955509	561928	37
40 ANESTHESIOLOGY	532635	8792	154364	85228	781019	234181	43011		40
41 RADIOLOGY-DIAGNOSTIC	8068571	255914	1608870	1724183	11657538	3495396	1251973	121832	41
42 RADIOLOGY-THERAPEUTIC	7300623	46307	101706	623625	8072261	2420387	226541	32564	42
43 RADIOISOTOPE	1355358	129584	72751	178682	1736375	520635	633944	17448	43
44 LABORATORY	14667431	209027	363501	1716589	16956548	5084251	1022594	9938	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2011422	20529	120336	410730	2563017	768495	100431		49
49.01 SLEEP LAB	506403	41322		84527	632252	189574	202153	9005	49.01
50 PHYSICAL THERAPY	3624166	41761	17862	778203	4461992	1337884	204304	55049	50
51 OCCUPATIONAL THERAPY	823607	15509	542	180377	1020035	305847	75872		51
52 SPEECH PATHOLOGY	325739	8792		75953	410484	123080	43011		52
53 ELECTROCARDIOLOGY	879145	40047	66353	205451	1190996	357108	195917	195	53
53.01 CATH LAB	2865824	92508	443369	336134	3737835	1120752	452565	48962	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	11898756				11898756	3567723			55.30
56 DRUGS CHARGED TO PATIENTS	18534943				18534943	5557517			56
57 RENAL DIALYSIS	565511	42104	771		608386	182418	205981	2807	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	509279	22041	1420	116432	649172	194648	107829	141	60
61 EMERGENCY	5493051	79980	184131	1178095	6935257	2079467	391274	380561	61
61.01 OUTPATIENT CLINICS	2449754	126401	52819	1002936	3631910	1088992	618374		61.01
61.02 CARDIAC REHAB	500701	26780	12882	121684	662047	198508	131012	266	61.02
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	3848795	65922		682206	4596923	1378341	322499		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	1554887	22076		169718	1746681	523725	108001		93
95 SUBTOTALS	260466945	5881652	9090555	29973949	259895579	59705588	16922026	3098072	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	187092	21804		32076	240972	72253	106668		96
98 PHYSICIANS' PRIVATE OFFICES	2782619	44628	143	471164	3298554	989038	218325	204242	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS	12152			1551	13703	4109			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	263448808	5948084	9090698	30478740	263448808	60770988	17247019	3302314	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	5200168							10
11 DIETARY	118703	3091796						11
12 CAFETERIA	177959		2207498					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	47861		46503	5728336				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	56328		86707		7579164			16
17 MEDICAL RECORDS & LIBRARY	85577		72411			4001835		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	1355343	2142265	545594	2308892	7365	1048565	52265880	25
26 INTENSIVE CARE UNIT	229118	184864	96290	407492	1240	278874	10128335	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	122085	196309	43338	183403	189	164535	3837419	31
33 NURSERY	79282		16711	70721			1912521	33
34 SKILLED NURSING FACILITY	173918	547688	60515	256095	293	185916	6195999	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	624924	187	215946	913864	52457	557747	29686657	37
40 ANESTHESIOLOGY	13745		8130	34407	831		1115324	40
41 RADIOLOGY-DIAGNOSTIC	400094		157476		157858	371831	17613998	41
42 RADIOLOGY-THERAPEUTIC	72396	303	65459	277015	24		11166950	42
43 RADIOISOTOPE	202590		16441		232131		3359564	43
44 LABORATORY	326791		210890			557747	24168759	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	32095		45876		25891		3535805	49
49.01 SLEEP LAB	64602		10480		88		1108154	49.01
50 PHYSICAL THERAPY	65290		87828		1110	371831	6585288	50
51 OCCUPATIONAL THERAPY	24246		16977		177		1443154	51
52 SPEECH PATHOLOGY	13745		6313				596633	52
53 ELECTROCARDIOLOGY	62609		21982				1828807	53
53.01 CATH LAB	144627	5823	28498		27114		5566176	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT							15466479	55.30
56 DRUGS CHARGED TO PATIENTS					7046932		31139392	56
57 RENAL DIALYSIS	65826		4083	17281			1086782	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	34459		12969	54883			1054101	60
61 EMERGENCY	125040	14357	118474	501370	4694	371831	10922325	61
61.01 OUTPATIENT CLINICS	197614		100700	426152	20770	92958	6177470	61.01
61.02 CARDIAC REHAB	41868		12539	53064			1099304	61.02
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	103061		45079	190771			6636674	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	34514		7780	32926			2453627	93
95 SUBTOTALS	5096310	3091796	2161989	5728336	7579164	4001835	258151577	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	34088		4165				458146	96
98 PHYSICIANS' PRIVATE OFFICES	69770		41344				4821273	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							17812	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5200168	3091796	2207498	5728336	7579164	4001835	263448808	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	52265880	25
26	INTENSIVE CARE UNIT	10128335	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	3837419	31
33	NURSERY	1912521	33
34	SKILLED NURSING FACILITY	6195999	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	29686657	37
40	ANESTHESIOLOGY	1115324	40
41	RADIOLOGY-DIAGNOSTIC	17613998	41
42	RADIOLOGY-THERAPEUTIC	11166950	42
43	RADIOISOTOPE	3359564	43
44	LABORATORY	24168759	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	3535805	49
49.01	SLEEP LAB	1108154	49.01
50	PHYSICAL THERAPY	6585288	50
51	OCCUPATIONAL THERAPY	1443154	51
52	SPEECH PATHOLOGY	596633	52
53	ELECTROCARDIOLOGY	1828807	53
53.01	CATH LAB	5566176	53.01
55.30	IMPL. DEV. CHARGED TO PATIENT	15466479	55.30
56	DRUGS CHARGED TO PATIENTS	31139392	56
57	RENAL DIALYSIS	1086782	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	1054101	60
61	EMERGENCY	10922325	61
61.01	OUTPATIENT CLINICS	6177470	61.01
61.02	CARDIAC REHAB	1099304	61.02
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	6636674	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	2453627	93
95	SUBTOTALS	258151577	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	458146	96
98	PHYSICIANS' PRIVATE OFFICES	4821273	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	17812	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	263448808	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		43335	115100	158435	158435				5
6 ADMINISTRATIVE & GENERAL	19991	1003822	3205577	4229390	32682	4262072			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1375488	251116	1626604	3260	279025	1908889		8
9 LAUNDRY & LINEN SERVICE		138033	2098	140131	627	42501	74739	257998	9
10 HOUSEKEEPING		61200	8148	69348	3294	79285	33138		10
11 DIETARY	10172	75927	21255	107354	1810	42090	41111		11
12 CAFETERIA	9466	113828	19418	142712	1368	23825	61634		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		30613	514308	544921	3662	88724	16576		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	106441	36029	70360	212830	5799	117451	19508		16
17 MEDICAL RECORDS & LIBRARY	15211	54738	152858	222807	2549	57854	29639		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8195	866923	280955	1156073	27662	633183	469409	115332	25
26 INTENSIVE CARE UNIT		146552	77433	223985	5563	130127	79352	13288	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I		78089	8053	86142	2036	44007	42282	1983	31
33 NURSERY		50712	34431	85143	1005	23968	27458	1265	33
34 SKILLED NURSING FACILITY	1397	111244	8236	120877	2844	68884	60234	13243	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	407791	399723	1119532	1927046	11396	401284	216434	43901	37
40 ANESTHESIOLOGY		8792	154364	163156	443	16424	4760		40
41 RADIOLOGY-DIAGNOSTIC		255914	1608870	1864784	8960	245146	138568	9518	41
42 RADIOLOGY-THERAPEUTIC	35646	46307	101706	183659	3241	169752	25073	2544	42
43 RADIOISOTOPE		129584	72751	202335	929	36514	70164	1363	43
44 LABORATORY	653726	209027	363501	1226254	8920	356579	113180	776	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2929	20529	120336	143794	2134	53898	11116		49
49.01 SLEEP LAB		41322		41322	439	13296	22374	704	49.01
50 PHYSICAL THERAPY		41761	17862	59623	4044	93831	22612	4301	50
51 OCCUPATIONAL THERAPY		15509	542	16051	937	21450	8397		51
52 SPEECH PATHOLOGY		8792		8792	395	8632	4760		52
53 ELECTROCARDIOLOGY	50329	40047	66353	156729	1068	25045	21684	15	53
53.01 CATH LAB		92508	443369	535877	1747	78603	50090	3825	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT						250219			55.30
56 DRUGS CHARGED TO PATIENTS						389771			56
57 RENAL DIALYSIS		42104	771	42875		12794	22798	219	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		22041	1420	23461	605	13651	11934	11	60
61 EMERGENCY	5142	79980	184131	269253	6122	145842	43306	29732	61
61.01 OUTPATIENT CLINICS	144168	126401	52819	323388	5212	76375	68441		61.01
61.02 CARDIAC REHAB		26780	12882	39662	632	13922	14500	21	61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		65922		65922	3545	96669	35694		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE		22076		22076	882	36731	11954		93
95 SUBTOTALS	1470604	5881652	9090555	16442811	155812	4187352	1872919	242041	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		21804		21804	167	5067	11806		96
98 PHYSICIANS' PRIVATE OFFICES		44628	143	44771	2448	69365	24164	15957	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS					8	288			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1470604	5948084	9090698	16509386	158435	4262072	1908889	257998	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	185065							10
11 DIETARY	4224	196589						11
12 CAFETERIA	6333		235872					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1703		4969	660555				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	2005		9265		366858			16
17 MEDICAL RECORDS & LIBRARY	3046		7737			323632		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	48234	136215	58294	266246	356	84798	2995802	25
26 INTENSIVE CARE UNIT	8154	11754	10289	46989	60	22553	552114	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	4345	12482	4631	21149	9	13306	232372	31
33 NURSERY	2822		1786	8155			151602	33
34 SKILLED NURSING FACILITY	6189	34824	6466	29531	14	15035	358141	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	22240	12	23074	105381	2539	45106	2798413	37
40 ANESTHESIOLOGY	489		869	3968	40		190149	40
41 RADIOLOGY-DIAGNOSTIC	14239		16826		7641	30070	2335752	41
42 RADIOLOGY-THERAPEUTIC	2576	19	6994	31944	1		425803	42
43 RADIOISOTOPE	7210		1757		11236		331508	43
44 LABORATORY	11630		22534			45106	1784979	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1142		4902		1253		218239	49
49.01 SLEEP LAB	2299		1120		4		81558	49.01
50 PHYSICAL THERAPY	2324		9384		54	30070	226243	50
51 OCCUPATIONAL THERAPY	863		1814		9		49521	51
52 SPEECH PATHOLOGY	489		675				23743	52
53 ELECTROCARDIOLOGY	2228		2349				209118	53
53.01 CATH LAB	5147	370	3045		1312		680016	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT							250219	55.30
56 DRUGS CHARGED TO PATIENTS					341098		730869	56
57 RENAL DIALYSIS	2343		436	1993			83458	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1226		1386	6329			58603	60
61 EMERGENCY	4450	913	12659	57815	227	30070	600389	61
61.01 OUTPATIENT CLINICS	7033		10760	49141	1005	7518	548873	61.01
61.02 CARDIAC REHAB	1490		1340	6119			77686	61.02
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3668		4817	21998			232313	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	1228		831	3797			77499	93
95 SUBTOTALS	181369	196589	231009	660555	366858	323632	16304982	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1213		445				40502	96
98 PHYSICIANS' PRIVATE OFFICES	2483		4418				163606	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							296	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	185065	196589	235872	660555	366858	323632	16509386	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	2995802	25
26	INTENSIVE CARE UNIT	552114	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	232372	31
33	NURSERY	151602	33
34	SKILLED NURSING FACILITY	358141	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2798413	37
40	ANESTHESIOLOGY	190149	40
41	RADIOLOGY-DIAGNOSTIC	2335752	41
42	RADIOLOGY-THERAPEUTIC	425803	42
43	RADIOISOTOPE	331508	43
44	LABORATORY	1784979	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	218239	49
49.01	SLEEP LAB	81558	49.01
50	PHYSICAL THERAPY	226243	50
51	OCCUPATIONAL THERAPY	49521	51
52	SPEECH PATHOLOGY	23743	52
53	ELECTROCARDIOLOGY	209118	53
53.01	CATH LAB	680016	53.01
55.30	IMPL. DEV. CHARGED TO PATIENT	250219	55.30
56	DRUGS CHARGED TO PATIENTS	730869	56
57	RENAL DIALYSIS	83458	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	58603	60
61	EMERGENCY	600389	61
61.01	OUTPATIENT CLINICS	548873	61.01
61.02	CARDIAC REHAB	77686	61.02
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	232313	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	77499	93
95	SUBTOTALS	16304982	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	40502	96
98	PHYSICIANS' PRIVATE OFFICES	163606	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	296	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	16509386	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		6A	6	
	3	4	5				
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	676543						3
4 NEW CAP REL COSTS-MVBLE EQUIP		9095467					4
5 EMPLOYEE BENEFITS	4929	115160	122301800				5
6 ADMINISTRATIVE & GENERAL	114176	3207262	25195654	-60770988	202677820		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	156450	251248	2517696		13268571	400988	8
9 LAUNDRY & LINEN SERVICE	15700	2099	483953		2021046	15700	9
10 HOUSEKEEPING	6961	8152	2543658		3770284	6961	10
11 DIETARY	8636	21266	1398009		2001513	8636	11
12 CAFETERIA	12947	19428	1056720		1132964	12947	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3482	514578	2827429		4219140	3482	14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	4098	70397	4477670		5585202	4098	16
17 MEDICAL RECORDS & LIBRARY	6226	152938	1968641		2751153	6226	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	98605	281102	21360762		30111735	98605	25
26 INTENSIVE CARE UNIT	16669	77474	4295963		6188002	16669	26
27 CORONARY CARE UNIT							27
31 SUBPROVIDER I	8882	8057	1572457		2092685	8882	31
33 NURSERY	5768	34449	775856		1139780	5768	33
34 SKILLED NURSING FACILITY	12653	8240	2195929		3275667	12653	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	45465	1120119	8800034		19082422	45465	37
40 ANESTHESIOLOGY	1000	154445	341995		781019	1000	40
41 RADIOLOGY-DIAGNOSTIC	29108	1609713	6918621		11657538	29108	41
42 RADIOLOGY-THERAPEUTIC	5267	101759	2502418		8072261	5267	42
43 RADIOISOTOPE	14739	72789	716996		1736375	14739	43
44 LABORATORY	23775	363692	6888152		16956548	23775	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2335	120399	1648134		2563017	2335	49
49.01 SLEEP LAB	4700		339183		632252	4700	49.01
50 PHYSICAL THERAPY	4750	17871	3122692		4461992	4750	50
51 OCCUPATIONAL THERAPY	1764	542	723799		1020035	1764	51
52 SPEECH PATHOLOGY	1000		304777		410484	1000	52
53 ELECTROCARDIOLOGY	4555	66388	824414		1190996	4555	53
53.01 CATH LAB	10522	443601	1348804		3737835	10522	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT					11898756		55.30
56 DRUGS CHARGED TO PATIENTS					18534943		56
57 RENAL DIALYSIS	4789	771			608386	4789	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2507	1421	467206		649172	2507	60
61 EMERGENCY	9097	184228	4727339		6935257	9097	61
61.01 OUTPATIENT CLINICS	14377	52847	4024477		3631910	14377	61.01
61.02 CARDIAC REHAB	3046	12889	488279		662047	3046	61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	7498		2737485		4596923	7498	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
93 HOSPICE	2511		681027		1746681	2511	93
95 SUBTOTALS	668987	9095324	120276229	-60770988	199124591	393432	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2480		128710		240972	2480	96
98 PHYSICIANS' PRIVATE OFFICES	5076	143	1890638		3298554	5076	98
98.01 MEALS ON WHEELS							98.01
98.02 GUEST MEALS			6223		13703		98.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET
		3	4	5	6A	6	8
100	OTHER NONREIMBURSABLE						100
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	5948084	9090698	30478740		60770988	17247019
104	UNIT COST MULT-WS B PT I		.999476				43.011310
104	UNIT COST MULT-WS B PT I	8.791879		.249209		.299840	
105	COST TO BE ALLOC PER B PT II						
106	UNIT COST MULT-WS B PT II						
106	UNIT COST MULT-WS B PT II						
107	COST TO BE ALLOC PER B PT III			158435		4262072	1908889
108	UNIT COST MULT-WS B PT III						4.760464
108	UNIT COST MULT-WS B PT III			.001295		.021029	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
100	OTHER NONREIMBURSABLE								100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	3302314	5200168	3091796	2207498	5728336	7579164	4001835	103
104	UNIT COST MULT-WS B PT I	1.309981		14.414371		3.214446		929.578397	
104	UNIT COST MULT-WS B PT I		13.745168		.759574		.377093		104
105	COST TO BE ALLOC PER B PT II								104
106	UNIT COST MULT-WS B PT II								105
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	257998	185065	196589	235872	660555	366858	323632	106
108	UNIT COST MULT-WS B PT III	.102344		.916524		.370669		75.175842	107
108	UNIT COST MULT-WS B PT III		.489167		.081161		.018253		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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
31	SUBPROVIDER I	31
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
42	RADIOLOGY-THERAPEUTIC	42
43	RADIOISOTOPE	43
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
49.01	SLEEP LAB	49.01
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.01	CATH LAB	53.01
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
61	EMERGENCY	61
61.01	OUTPATIENT CLINICS	61.01
61.02	CARDIAC REHAB	61.02
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
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
93	HOSPICE	93
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
98.01	MEALS ON WHEELS	98.01
98.02	GUEST MEALS	98.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100	OTHER NONREIMBURSABLE	100
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	52265880		52265880	17225	52283105	25
26 INTENSIVE CARE UNIT	10128335		10128335	53116	10181451	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	3837419		3837419	17466	3854885	31
33 NURSERY	1912521		1912521		1912521	33
34 SKILLED NURSING FACILITY	6195999		6195999	7836	6203835	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	29686657		29686657	117276	29803933	37
40 ANESTHESIOLOGY	1115324		1115324		1115324	40
41 RADIOLOGY-DIAGNOSTIC	17613998		17613998		17613998	41
42 RADIOLOGY-THERAPEUTIC	11166950		11166950	3516	11170466	42
43 RADIOISOTOPE	3359564		3359564		3359564	43
44 LABORATORY	24168759		24168759	182614	24351373	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3535805		3535805	32508	3568313	49
49.01 SLEEP LAB	1108154		1108154		1108154	49.01
50 PHYSICAL THERAPY	6585288		6585288		6585288	50
51 OCCUPATIONAL THERAPY	1443154		1443154		1443154	51
52 SPEECH PATHOLOGY	596633		596633		596633	52
53 ELECTROCARDIOLOGY	1828807		1828807		1828807	53
53.01 CATH LAB	5566176		5566176		5566176	53.01
55.30 IMPL. DEV. CHARGED TO PATIE	15466479		15466479		15466479	55.30
56 DRUGS CHARGED TO PATIENTS	31139392		31139392		31139392	56
57 RENAL DIALYSIS	1086782		1086782		1086782	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1054101		1054101		1054101	60
61 EMERGENCY	10922325		10922325	189000	11111325	61
61.01 OUTPATIENT CLINICS	6177470		6177470	41675	6219145	61.01
61.02 CARDIAC REHAB	1099304		1099304		1099304	61.02
62 OBSERVATION BEDS (NON-DISTI	4432908		4432908		4432908	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	253494184		253494184	662232	254156416	101
102 LESS OBSERVATION BEDS	4432908		4432908		4432908	102
103 TOTAL	249061276		249061276	662232	249723508	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	139739031		139739031			25
26 INTENSIVE CARE UNIT	20617768		20617768			26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	10572314		10572314			31
33 NURSERY	5785106		5785106			33
34 SKILLED NURSING FACILITY	17699119		17699119			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	61233396	54780113	116013509	.255890	.255890	.256901 37
40 ANESTHESIOLOGY	17551589	14279114	31830703	.035039	.035039	.035039 40
41 RADIOLOGY-DIAGNOSTIC	38000554	130497210	168497764	.104535	.104535	.104535 41
42 RADIOLOGY-THERAPEUTIC	1583087	35629002	37212089	.300089	.300089	.300184 42
43 RADIOISOTOPE	4390669	10812745	15203414	.220974	.220974	.220974 43
44 LABORATORY	52328414	90725613	143054027	.168948	.168948	.170225 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	26606477	2477096	29083573	.121574	.121574	.122692 49
49.01 SLEEP LAB	5532	3402114	3407646	.325196	.325196	.325196 49.01
50 PHYSICAL THERAPY	9019442	11956077	20975519	.313951	.313951	.313951 50
51 OCCUPATIONAL THERAPY	3572249	1400937	4973186	.290187	.290187	.290187 51
52 SPEECH PATHOLOGY	2049558	167277	2216835	.269137	.269137	.269137 52
53 ELECTROCARDIOLOGY	1557248	3365564	4922812	.371496	.371496	.371496 53
53.01 CATH LAB	28772000	20244384	49016384	.113557	.113557	.113557 53.01
55.30 IMPL. DEV. CHARGED TO PATIE	27785242	9344731	37129973	.416550	.416550	.416550 55.30
56 DRUGS CHARGED TO PATIENTS	137732445	83863752	221596197	.140523	.140523	.140523 56
57 RENAL DIALYSIS	1674817	23499	1698316	.639917	.639917	.639917 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	497663	360479	858142	1.228353	1.228353	1.228353 60
61 EMERGENCY	14730822	29539570	44270392	.246719	.246719	.250988 61
61.01 OUTPATIENT CLINICS	201993	8898092	9100085	.678837	.678837	.683416 61.01
61.02 CARDIAC REHAB	84600	1081893	1166493	.942401	.942401	.942401 61.02
62 OBSERVATION BEDS (NON-DISTI	27885	6795078	6822963	.649704	.649704	.649704 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	623819020	519644340	1143463360			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	623819020	519644340	1143463360			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2995802		2995802	25
26 INTENSIVE CARE UNIT				552114		552114	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				232372		232372	31
33 NURSERY				151602		151602	33
101 TOTAL				3931890		3931890	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	55893	30071			53.60	1611806	25
26 INTENSIVE CARE UNIT	5009	2902			110.22	319858	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4473	1393			51.95	72366	31
33 NURSERY	3455				43.88		33
101 TOTAL	68830	34366				2004030	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2798413	116013509	29503428			.024121	711652 37
40 ANESTHESIOLOGY		190149	31830703	8306331			.005974	49622 40
41 RADIOLOGY-DIAGNOSTIC		2335752	168497764	23405407			.013862	324446 41
42 RADIOLOGY-THERAPEUTIC		425803	37212089	835873			.011443	9565 42
43 RADIOISOTOPE		331508	15203414	2878825			.021805	62773 43
44 LABORATORY		1784979	143054027	30970041			.012478	386444 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		218239	29083573	15936699			.007504	119589 49
49.01 SLEEP LAB		81558	3407646	2554			.023934	61 49.01
50 PHYSICAL THERAPY		226243	20975519	2918867			.010786	31483 50
51 OCCUPATIONAL THERAPY		49521	4973186	848962			.009958	8454 51
52 SPEECH PATHOLOGY		23743	2216835	881159			.010710	9437 52
53 ELECTROCARDIOLOGY		209118	4922812	1127931			.042479	47913 53
53.01 CATH LAB		680016	49016384	16174466			.013873	224388 53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		250219	37129973	15888917			.006739	107075 55.30
56 DRUGS CHARGED TO PATIENTS		730869	221596197	75458544			.003298	248862 56
57 RENAL DIALYSIS		83458	1698316	1210756			.049142	59499 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		58603	858142	327165			.068291	22342 60
61 EMERGENCY		600389	44270392	8210360			.013562	111349 61
61.01 OUTPATIENT CLINICS		548873	9100085	96949			.060315	5847 61.01
61.02 CARDIAC REHAB		77686	1166493	47043			.066598	3133 61.02
62 OBSERVATION BEDS (NON-DISTINC		254006	6822963				.037228	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11959145	949050022	235030277				2543934 101

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 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
 11/24/2010 12:54

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					55893		30071	25
26 INTENSIVE CARE UNIT					5009		2902	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4473		1393	31
33 NURSERY					3455			33
34 SKILLED NURSING FACILITY					13074		10410	34
35 NURSING FACILITY								35
101 TOTAL					81904		44776	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		116013509			29503428		12278812 37
40 ANESTHESIOLOGY		31830703			8306331		3083649 40
41 RADIOLOGY-DIAGNOSTIC		168497764			23405407		32957985 41
42 RADIOLOGY-THERAPEUTIC		37212089			835873		18894764 42
43 RADIOISOTOPE		15203414			2878825		3744168 43
44 LABORATORY		143054027			30970041		4249961 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29083573			15936699		810715 49
49.01 SLEEP LAB		3407646			2554		733045 49.01
50 PHYSICAL THERAPY		20975519			2918867		329314 50
51 OCCUPATIONAL THERAPY		4973186			848962		249 51
52 SPEECH PATHOLOGY		2216835			881159		52
53 ELECTROCARDIOLOGY		4922812			1127931		2499356 53
53.01 CATH LAB		49016384			16174466		8337532 53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		37129973			15888917		4673122 55.30
56 DRUGS CHARGED TO PATIENTS		221596197			75458544		29882245 56
57 RENAL DIALYSIS		1698316			1210756		13428 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		858142			327165		104321 60
61 EMERGENCY		44270392			8210360		4509713 61
61.01 OUTPATIENT CLINICS		9100085			96949		364452 61.01
61.02 CARDIAC REHAB		1166493			47043		406770 61.02
62 OBSERVATION BEDS (NON-DISTINC		6822963					1507442 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		949050022			235030277		129381043 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
49.01 SLEEP LAB						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CATH LAB						53.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 OUTPATIENT CLINICS						61.01
61.02 CARDIAC REHAB						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.255890	.255890	.255890			37
40 ANESTHESIOLOGY	.035039	.035039	.035039			40
41 RADIOLOGY-DIAGNOSTIC	.104535	.104535	.104535			41
42 RADIOLOGY-THERAPEUTIC	.300089	.300089	.300089			42
43 RADIOISOTOPE	.220974	.220974	.220974			43
44 LABORATORY	.168948	.168948	.168948			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.121574	.121574	.121574			49
49.01 SLEEP LAB	.325196	.325196	.325196			49.01
50 PHYSICAL THERAPY	.313951	.313951	.313951			50
51 OCCUPATIONAL THERAPY	.290187	.290187	.290187			51
52 SPEECH PATHOLOGY	.269137	.269137	.269137			52
53 ELECTROCARDIOLOGY	.371496	.371496	.371496			53
53.01 CATH LAB	.113557	.113557	.113557			53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	.416550	.416550	.416550			55.30
56 DRUGS CHARGED TO PATIENTS	.140523	.140523	.140523			56
57 RENAL DIALYSIS	.639917	.639917	.639917			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.228353	1.228353	1.228353			60
61 EMERGENCY	.246719	.246719	.246719			61
61.01 OUTPATIENT CLINICS	.678837	.678837	.678837			61.01
61.02 CARDIAC REHAB	.942401	.942401	.942401			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.649704	.649704	.649704			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.140523	1
2 PROGRAM VACCINE CHARGES	27923	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3924	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12278812						37
40 ANESTHESIOLOGY		3083649						40
41 RADIOLOGY-DIAGNOSTIC		32957985						41
42 RADIOLOGY-THERAPEUTIC		18894764						42
43 RADIOISOTOPE		3744168						43
44 LABORATORY		4249961						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		810715						49
49.01 SLEEP LAB		733045						49.01
50 PHYSICAL THERAPY		329314						50
51 OCCUPATIONAL THERAPY		249						51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2499356						53
53.01 CATH LAB		8337532						53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		4673122						55.30
56 DRUGS CHARGED TO PATIENTS		29882245						56
57 RENAL DIALYSIS		13428						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		104321						60
61 EMERGENCY		4509713						61
61.01 OUTPATIENT CLINICS		364452						61.01
61.02 CARDIAC REHAB		406770						61.02
62 OBSERVATION BEDS (NON-DISTINCT)		1507442						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		129381043						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		129381043						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS (1.01x5.02) 9.02	PPS SERVICES (COLUMNS (1.01x5.03) 9.03	PPS SERVICES (COLUMNS (1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3142025					37
40 ANESTHESIOLOGY		108048					40
41 RADIOLOGY-DIAGNOSTIC		3445263					41
42 RADIOLOGY-THERAPEUTIC		5670111					42
43 RADIOISOTOPE		827364					43
44 LABORATORY		718022					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		98562					49
49.01 SLEEP LAB		238383					49.01
50 PHYSICAL THERAPY		103388					50
51 OCCUPATIONAL THERAPY		72					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		928501					53
53.01 CATH LAB		946785					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		1946589					55.30
56 DRUGS CHARGED TO PATIENTS		4199143					56
57 RENAL DIALYSIS		8593					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		128143					60
61 EMERGENCY		1112632					61
61.01 OUTPATIENT CLINICS		247404					61.01
61.02 CARDIAC REHAB		383340					61.02
62 OBSERVATION BEDS (NON-DISTINCT)		979391					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		25231759					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		25231759					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2798413	116013509	3781		.024121	91 37
40 ANESTHESIOLOGY		190149	31830703	321		.005974	2 40
41 RADIOLOGY-DIAGNOSTIC		2335752	168497764	63305		.013862	878 41
42 RADIOLOGY-THERAPEUTIC		425803	37212089			.011443	42
43 RADIOISOTOPE		331508	15203414	2143		.021805	47 43
44 LABORATORY		1784979	143054027	320726		.012478	4002 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		218239	29083573	37450		.007504	281 49
49.01 SLEEP LAB		81558	3407646			.023934	49.01
50 PHYSICAL THERAPY		226243	20975519	15469		.010786	167 50
51 OCCUPATIONAL THERAPY		49521	4973186	4613		.009958	46 51
52 SPEECH PATHOLOGY		23743	2216835	604		.010710	6 52
53 ELECTROCARDIOLOGY		209118	4922812	13116		.042479	557 53
53.01 CATH LAB		680016	49016384			.013873	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		250219	37129973			.006739	55.30
56 DRUGS CHARGED TO PATIENTS		730869	221596197	586532		.003298	1934 56
57 RENAL DIALYSIS		83458	1698316			.049142	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		58603	858142			.068291	60
61 EMERGENCY		600389	44270392	98682		.013562	1338 61
61.01 OUTPATIENT CLINICS		548873	9100085	327		.060315	20 61.01
61.02 CARDIAC REHAB		77686	1166493			.066598	61.02
62 OBSERVATION BEDS (NON-DISTINC		254006	6822963			.037228	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		11959145	949050022	1147069			9369 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		116013509			3781		37
40 ANESTHESIOLOGY		31830703			321		40
41 RADIOLOGY-DIAGNOSTIC		168497764			63305		41
42 RADIOLOGY-THERAPEUTIC		37212089					42
43 RADIOISOTOPE		15203414			2143		43
44 LABORATORY		143054027			320726		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29083573			37450		49
49.01 SLEEP LAB		3407646					49.01
50 PHYSICAL THERAPY		20975519			15469		50
51 OCCUPATIONAL THERAPY		4973186			4613		51
52 SPEECH PATHOLOGY		2216835			604		52
53 ELECTROCARDIOLOGY		4922812			13116		53
53.01 CATH LAB		49016384					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		37129973					55.30
56 DRUGS CHARGED TO PATIENTS		221596197			586532		56
57 RENAL DIALYSIS		1698316					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		858142					60
61 EMERGENCY		44270392			98682		61
61.01 OUTPATIENT CLINICS		9100085			327		61.01
61.02 CARDIAC REHAB		1166493					61.02
62 OBSERVATION BEDS (NON-DISTINC		6822963					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		949050022			1147069		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		116013509			2439		37
40 ANESTHESIOLOGY		31830703			963		40
41 RADIOLOGY-DIAGNOSTIC		168497764			220875		41
42 RADIOLOGY-THERAPEUTIC		37212089			6463		42
43 RADIOISOTOPE		15203414			15137		43
44 LABORATORY		143054027			1774827		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29083573			1289998		49
49.01 SLEEP LAB		3407646					49.01
50 PHYSICAL THERAPY		20975519			3768533		50
51 OCCUPATIONAL THERAPY		4973186			1881813		51
52 SPEECH PATHOLOGY		2216835			809771		52
53 ELECTROCARDIOLOGY		4922812			52774		53
53.01 CATH LAB		49016384					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT		37129973					55.30
56 DRUGS CHARGED TO PATIENTS		221596197			5433398		56
57 RENAL DIALYSIS		1698316					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		858142					60
61 EMERGENCY		44270392					61
61.01 OUTPATIENT CLINICS		9100085			11690		61.01
61.02 CARDIAC REHAB		1166493			45		61.02
62 OBSERVATION BEDS (NON-DISTINC		6822963					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		949050022			15268726		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0200)	(PPS) (14-S200)				(PPS) (14-5826)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	55893	4473				13074	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	55893	4473				13074	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55893	4473				13074	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)	30071	1393				10410	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5826)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	52283105	3854885				6203835	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	52283105	3854885				6203835	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.548203	.628377				.668492	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1706.33	1371.49				709.83	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	52283105	3854885				6203835	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	935.41	861.81				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28128714	1200501				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28128714	1200501				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10181451	5009	2032.63	2902	5898692	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	42658036	185909				48
49 TOTAL PROGRAM INPATIENT COSTS	76685442	1386410				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1931664	72366				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2543934	9369				51
52 TOTAL PROGRAM EXCLUDABLE COST	4475598	81735				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	72209844	1304675				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0200)	SUB I (PPS) (14-S200)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5826)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	6203835	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	474.52	67
68 PROGRAM ROUTINE SERVICE COST	4939753	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4939753	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	358141	71
72 PER DIEM CAPITAL RELATED COSTS	27.39	72
73 PROGRAM CAPITAL RELATED COSTS	285130	73
74 INPATIENT ROUTINE SERVICE COST	4654623	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4654623	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4939753	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	3223966	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	8163719	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0200)(14-S200)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4739	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	935.41	84
85 OBSERVATION BED COST	4432908	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		52283105		4432908		86
87 NEW CAPITAL-RELATED COST	2995802	52283105	.057300	4432908	254006	87
88 NON PHYSICIAN ANESTHETIST		52283105		4432908		88
89 MEDICAL EDUCATION		52283105		4432908		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0200)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		72786005		25
26 INTENSIVE CARE UNIT		12385607		26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.256901	29503428	7579460	37
40 ANESTHESIOLOGY	.035039	8306331	291046	40
41 RADIOLOGY-DIAGNOSTIC	.104535	23405407	2446684	41
42 RADIOLOGY-THERAPEUTIC	.300184	835873	250916	42
43 RADIOISOTOPE	.220974	2878825	636145	43
44 LABORATORY	.170225	30970041	5271875	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.122692	15936699	1955305	49
49.01 SLEEP LAB	.325196	2554	831	49.01
50 PHYSICAL THERAPY	.313951	2918867	916381	50
51 OCCUPATIONAL THERAPY	.290187	848962	246358	51
52 SPEECH PATHOLOGY	.269137	881159	237152	52
53 ELECTROCARDIOLOGY	.371496	1127931	419022	53
53.01 CATH LAB	.113557	16174466	1836724	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	.416550	15888917	6618528	55.30
56 DRUGS CHARGED TO PATIENTS	.140523	75458544	10603661	56
57 RENAL DIALYSIS	.639917	1210756	774783	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.228353	327165	401874	60
61 EMERGENCY	.250988	8210360	2060702	61
61.01 OUTPATIENT CLINICS	.683416	96949	66256	61.01
61.02 CARDIAC REHAB	.942401	47043	44333	61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.649704			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		235030277	42658036	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		235030277		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-S200)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		3284393		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.256901	3781	971	37
40 ANESTHESIOLOGY	.035039	321	11	40
41 RADIOLOGY-DIAGNOSTIC	.104535	63305	6618	41
42 RADIOLOGY-THERAPEUTIC	.300184			42
43 RADIOISOTOPE	.220974	2143	474	43
44 LABORATORY	.170225	320726	54596	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.122692	37450	4595	49
49.01 SLEEP LAB	.325196			49.01
50 PHYSICAL THERAPY	.313951	15469	4857	50
51 OCCUPATIONAL THERAPY	.290187	4613	1339	51
52 SPEECH PATHOLOGY	.269137	604	163	52
53 ELECTROCARDIOLOGY	.371496	13116	4873	53
53.01 CATH LAB	.113557			53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	.416550			55.30
56 DRUGS CHARGED TO PATIENTS	.140523	586532	82421	56
57 RENAL DIALYSIS	.639917			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.228353			60
61 EMERGENCY	.250988	98682	24768	61
61.01 OUTPATIENT CLINICS	.683416	327	223	61.01
61.02 CARDIAC REHAB	.942401			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.649704			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1147069	185909	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1147069		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.255890	2439	624	37
40 ANESTHESIOLOGY	.035039	963	34	40
41 RADIOLOGY-DIAGNOSTIC	.104535	220875	23089	41
42 RADIOLOGY-THERAPEUTIC	.300089	6463	1939	42
43 RADIOISOTOPE	.220974	15137	3345	43
44 LABORATORY	.168948	1774827	299853	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.121574	1289998	156830	49
49.01 SLEEP LAB	.325196			49.01
50 PHYSICAL THERAPY	.313951	3768533	1183135	50
51 OCCUPATIONAL THERAPY	.290187	1881813	546078	51
52 SPEECH PATHOLOGY	.269137	809771	217939	52
53 ELECTROCARDIOLOGY	.371496	52774	19605	53
53.01 CATH LAB	.113557			53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	.416550			55.30
56 DRUGS CHARGED TO PATIENTS	.140523	5433398	763517	56
57 RENAL DIALYSIS	.639917			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.228353			60
61 EMERGENCY	.246719			61
61.01 OUTPATIENT CLINICS	.678837	11690	7936	61.01
61.02 CARDIAC REHAB	.942401	45	42	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.649704			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		15268726	3223966	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15268726		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	13295013					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13295013					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	26590027					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2557106					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	269.07					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	55737159					6
7						7
7.01						7.01
8	55737159					8
9	4572461					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	60309620					16
17	40206					17
18	60269414					18
19	4895892					19
20	202238					20
21	379040					21
21.01	265328					21.01
21.02	379040					21.02
22	55436612					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	55436612					26
27						27
28	55145852					28
28.01						28.01
29	290760					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200) 1	HOSPITAL (14-0200) 1.01	HOSPITAL (14-0200) 1.02	
1 MEDICAL AND OTHER SERVICES	3924			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	25231759			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21867247			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	3924			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	27923			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	27923			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	27923			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	23999			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3924			17
17.01 TOTAL PPS PAYMENTS	21867247			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200) 1	HOSPITAL (14-0200) 1.01	HOSPITAL (14-0200) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01	5105083		18.01
19	16766088		19
20			20
21			21
22			22
23	16766088		23
24	5069		24
25	16761019		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27	361376		27
27.01	252963		27.01
27.02	361376		27.02
28	17013982		28
29			29
30			30
30.99	-103		30.99
31			31
32	17014085		32
33			33
34	16758609		34
34.01			34.01
35	255476		35
36			36
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S200)	SUB I (14-S200)	SUB I (14-S200)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5826) 1	SNF (14-5826) 1.01	SNF (14-5826) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		55145852		16758609	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		55145852		16758609	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	290760		255476	6.01
	PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		55436612		17014085	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S200)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		971261		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		971261		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	01/11/2005 NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		971261		7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL		INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S200)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		1070387				1.08
1.09		26084				1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		12.254795				1.16
1.17						1.17
1.18						1.18
1.19		1096471				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1096471				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1096471				4
5						5
6		1096471				6
7		112768				7
8		983703				8
9		12442				9
10		971261				10
11						11
11.01						11.01
11.02						11.02
12		971261				12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S200)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 LOSS ON SALE OF ASSETS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		971261				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		971261				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM						20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5826) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS	1000	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL	-1000	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 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1000	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES	-1000	23
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS	5272221	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	5271221	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	5271221	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5826)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	5271221	35
36	COINSURANCE	263496	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	5007725	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	5007725	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	5007725	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	5007725	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS					1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	47785785				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	5008577				7
8 PREPAID EXPENSES	6246016				8
9 OTHER CURRENT ASSETS	840000				9
10 DUE FROM OTHER FUNDS	1066462				10
11 TOTAL CURRENT ASSETS	60946840				11
FIXED ASSETS					
12 LAND	3511314				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	8143176				13
13.01 ACCUMULATED DEPRECIATION	-3942516				13.01
14 BUILDINGS	95578657				14
14.01 ACCUMULATED DEPRECIATION	-69245854				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	83248308				16
16.01 ACCUMULATED DEPRECIATION	-62151880				16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	141630978				18
18.01 ACCUMULATED DEPRECIATION	-114677357				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	82094826				21
OTHER ASSETS					
22 INVESTMENTS	3775319				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	323868122				25
26 TOTAL OTHER ASSETS	327643441				26
27 TOTAL ASSETS	470685107				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	34097652				28
29 SALARIES, WAGES & FEES PAYABLE	17247680				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	34403936				35
36 TOTAL CURRENT LIABILITIES	85749268				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES	65184712				41
42 TOTAL LONG TERM LIABILITIES	65184712				42
43 TOTAL LIABILITIES	150933980				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	319751127				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	319751127				51
52 TOTAL LIABILITIES AND FUND BALANCES	470685107				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	164303317			1
2 NET INCOME (LOSS)	27208260			2
3 TOTAL	191511577			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 BALANCE TRANSFER FROM CORPORATE	159431923			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	159431923			10
11 SUBTOTAL	350943500			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 PENSION PLAN ADJUSTMENTS	31192373			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	31192373			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	319751127			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				
2 HOSPITAL	138523494		138523494	1
4 SUBPROVIDER I	10571408		10571408	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	17699119		17699119	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	166794021		166794021	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	20599489		20599489	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	20599489		20599489	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	187393510		187393510	16
18.50 ANCILLARY SERVICES	432421556		432421556	17
18.60 OUTPATIENT SERVICES		525650792	958072348	18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY		9607420	9607420	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
PHYSICIAN PART B REVENUE	7838049	8387787	16225836	24
TOTAL PATIENT REVENUES	627653115	543645999	1171299114	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		292734261	27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		292734261	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1171299114	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	865405987	2
3	NET PATIENT REVENUES	305893127	3
4	LESS - TOTAL OPERATING EXPENSES	292734261	4
5	NET INCOME FROM SERVICE TO PATIENTS	13158866	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	230781	6
7	INCOME FROM INVESTMENTS	1900770	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	71823	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	38429	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1250790	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	12500	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	123863	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	7312	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION CLASSES	28844	24
24.01	ANSWERING SERVICE	445917	24.01
24.02	LINEN REVENUE	813620	24.02
24.03	DIETARY PATIENT SERVICES REVENUE	610555	24.03
24.04	POB RENTAL INCOME	3457193	24.04
24.05	HHA OTHER INCOME	-131900	24.05
24.06	OTHER MISCELLANEOUS REVENUE		24.06
24.07	CLINIC OTHER REVENUE	2538637	24.07
24.08	GAIN ON DISPOSAL OF ASSETS	173686	24.08
24.09	SCHOOL NURSES	455315	24.09
24.10	FOUNDATION MGMT REVENUE	55707	24.10
24.11	FOUNDATION SALARY REIMBURSEMENT	528383	24.11
24.12	BIRTHING CENTER OTHER REVENUE	10353	24.12
24.13	EMERGENCY OTHER REVENUE	247169	24.13
24.14	CYBERKNIFE OTHER REVENUE	68750	24.14
24.15	NUV MEDICINE OTHER REVENUE	17000	24.15
24.16	ADVANCED PRACTICE NURSE OTHER REVE	50698	24.16
24.17	CODING REVENUE	55984	24.17
24.18	PATIENT ACCTG OTHER REV	9603	24.18
24.19	LEASED EMPLOYEE BENEFITS	115676	24.19
24.20	OTHER MISC REVENUE	541640	24.20
24.21	HOUSEKEEPING	41800	24.21
24.22	UNREALIZED GAIN ON INVESTMENTS	295015	24.22
24.23	LOSS ON INVEST IN SUB	-16519	24.23
25	TOTAL OTHER INCOME	14049394	25
26	TOTAL	27208260	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	27208260	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	721621				1166464	1888085
6 SKILLED NURSING CARE	1112889		33006		99071	1244966
7 PHYSICAL THERAPY	643870		23730		8850	676450
8 OCCUPATIONAL THERAPY	34855		1285		479	36619
9 SPEECH PATHOLOGY	815		30		11	856
10 MEDICAL SOCIAL SERVICES	60014					60014
11 HOME HEALTH AIDE	18008		2719		8162	28889
12 SUPPLIES					71368	71368
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	500956				765008	1265964
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	3093028		60770		2119413	5273211

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-1092405	795680	-242000	553680	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-1092405	4180806	-332011	3848795	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7408

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	553680					553680	553680	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1244966					1244966	209191	1454157 6
7 PHYSICAL THERAPY	676450					676450	113665	790115 7
8 OCCUPATIONAL THERAPY	36619					36619	6153	42772 8
9 SPEECH PATHOLOGY	856					856	144	1000 9
10 MEDICAL SOCIAL SERVICES	60014					60014	10084	70098 10
11 HOME HEALTH AIDE	28889					28889	4854	33743 11
12 SUPPLIES	71368					71368	11992	83360 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME	1175953					1175953	197597	1373550 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	3848795					3848795		3848795 24

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/24/2010 12:54

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-553680	3295115	5
6 SKILLED NURSING CARE						1244966	6
7 PHYSICAL THERAPY						676450	7
8 OCCUPATIONAL THERAPY						36619	8
9 SPEECH PATHOLOGY						856	9
10 MEDICAL SOCIAL SERVICES						60014	10
11 HOME HEALTH AIDE						28889	11
12 SUPPLIES						71368	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						1175953	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					-553680	3295115	24
25 COST TO BE ALLOC (PER W/S H)						553680	25
26 UNIT COST MULTIPLIER						.168031	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		865682		865682			1
2 SKILLED NURSING CARE		2250671		2250671	337614	2588285	2
3 PHYSICAL THERAPY		1235593		1235593	185346	1420939	3
4 OCCUPATIONAL THERAPY		66887		66887	10033	76920	4
5 SPEECH PATHOLOGY		1564		1564	235	1799	5
6 MEDICAL SOCIAL SERVICES		110557		110557	16584	127141	6
7 HOME HEALTH AIDE		49694		49694	7454	57148	7
8 SUPPLIES		108355		108355	16254	124609	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME		1947671		1947671	292162	2239833	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		6636674		6636674	865682	6636674	20
21 UNIT COST MULTIPLIER					.150006		21

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	2588285		2588285	12065	214.53	1
2	PHYSICAL THERAPY	3	1420939		1420939	10271	138.34	2
3	OCCUPATIONAL THERAPY	4	76920		76920	556	138.35	3
4	SPEECH PATHOLOGY	5	1799		1799	13	138.38	4
5	MEDICAL SOCIAL SERV	6	127141		127141	193	658.76	5
6	HOME HEALTH AIDE SERV	7	57148		57148	994	57.49	6
7	TOTAL		4272232		4272232	24092		7

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	124609		124609	175087	.711698	15
16	COST OF DRUGS	9		2213	2213			16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-6
 PARTS II & III

CHECK APPLICABLE BOX: [] TITLE V [] 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	.313951			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.290187			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.269137			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55				COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.416550			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.140523	15750	2213	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	138.34	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	138.35						2
3	SPEECH PATHOLOGY 4	138.38						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7408

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	2565021	977445		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	2565021	977445		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2565021	977445		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2740539	1079024	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		4198	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	39243	28792	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	23236	15386	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	2803018	1127400	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	2803018	1127400	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	2803018	1127400	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2803018	1127400	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	2803018	1127400	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	2803018	1127400	24
25 TOTAL INTERIM PAYMENTS	2803018	1127400	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7408

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2803018		1127400	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
	TO .05				3.50
	PROGRAM .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		2803018		1127400	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		2803018		1127400	7

NAME OF INTERMEDIARY: ADMINASTAR FEDERAL

INTERMEDIARY NUMBER: 00131

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	101811				162701	264512
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE					318449	318449
8 INPATIENT - RESPITE CARE					185765	185765
VISITING SERVICES						
9 PHYSICIAN SERVICES					4800	4800
10 NURSING CARE	272356		12105			284461
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	71412		3174			74586
15 SPIRITUAL COUNSELING	16676		741			17417
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	73000		3244			76244
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					62268	62268
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					51779	51779
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					19507	19507
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS			1328			1328
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	535255		20592		805269	1361116

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1					1
2					2
3					3
4					4
5					5
6	193854	458366	-83	458283	6
7		318449		318449	7
8		185765		185765	8
9		4800		4800	9
10		284461		284461	10
10.20					10.20
11					11
12					12
13					13
14		74586		74586	14
15		17417		17417	15
16					16
17					17
18		76244		76244	18
18.20					18.20
19					19
20		62268		62268	20
20.30					20.30
20.31					20.31
20.32					20.32
21		51779		51779	21
22					22
23					23
24					24
25		19507		19507	25
26					26
27					27
28					28
29					29
30					30
31		1328		1328	31
32					32
33					33
34	193854	1554970	-83	1554887	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		101811							101811
7									7
8									8
9									9
10					272356				272356
10.20									10.20
11									11
12									12
13									13
14			71412						71412
15								16676	16676
16									16
17									17
18							73000		73000
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34		101811	71412		272356		73000	16676	535255

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1577

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1577

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	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	458283						458283	458283	6
7	318449						318449	133085	451534
8	185765						185765	77633	263398
9	4800						4800	2006	6806
10	284461						284461	118879	403340
10.20									10.20
11									11
12									12
13									13
14	74586						74586	31170	105756
15	17417						17417	7279	24696
16									16
17									17
18	76244						76244	31863	108107
18.20									18.20
19									19
20	62268						62268	26022	88290
20.30									20.30
20.31									20.31
20.32									20.32
21	51779						51779	21639	73418
22									22
23									23
24									24
25	19507						19507	8152	27659
26									26
27									27
28									28
29									29
30									30
31	1328						1328	555	1883
32									32
33									33
34	1554887						1554887		1554887

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		265724		265724			1
2 INPATIENT - GENERAL CARE		586922		586922	71282	658204	2
3 INPATIENT - RESPITE CARE		342375		342375	41582	383957	3
4 PHYSICIAN SERVICES		8847		8847	1074	9921	4
5 NURSING CARE		620721		620721	75389	696110	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		171220		171220	20795	192015	9
10 SPIRITUAL COUNSELING		32101		32101	3899	36000	10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		167406		167406	20332	187738	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		114763		114763	13938	128701	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		95432		95432	11590	107022	16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		35952		35952	4366	40318	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS		12164		12164	1477	13641	26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		2453627		2453627		2453627	29
30 UNIT COST MULTIPLIER					.121451		30

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.313951		1
2	OCCUPATIONAL THERAPY	51	0.290187		2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.269137		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.140523		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.168948		6
7	MEDICAL SUPPLIES	55			7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.416550		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.246719		8
8.01	OUTPATIENT CLINICS	61.01	0.678837		8.01
8.02	CARDIAC REHAB	61.02	0.942401		8.02
9	RADIATION THERAPY	41	0.104535		9
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				2453627	1
2 TOTAL UNDUPLICATED DAYS				16048	2
3 AGGREGATE COST PER DIEM				152.89	3
4 UNDUPLICATED MEDICARE DAYS	15278				4
5 AGGREGATE MEDICARE COST	2335853				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			770		12
13 AGGREGATE COST FOR OTHER DAYS			117725		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0200)	HOSPITAL (14-0200)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	4378052				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	94589				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]
					[E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4572461				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
31 SUBPROVIDER I					31
33 NURSEY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN 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 CATH LAB					53.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL 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
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 MEALS ON WHEELS					98.01
98.02 GUEST MEALS					98.02
100 OTHER NONREIMBURSABLE					100

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	53.80		5.05				58.85 25
26 INTENSIVE CARE UNIT	57.94		9.06				67.00 26
33 NURSERY			24.69				24.69 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.43	10.58					36.01 37
40 ANESTHESIOLOGY	26.10	9.69					35.79 40
41 RADIOLOGY-DIAGNOSTIC	13.89	19.56					33.45 41
42 RADIOLOGY-THERAPEUTIC	2.25	50.78					53.03 42
43 RADIOISOTOPE	18.94	24.63					43.57 43
44 LABORATORY	21.65	2.97					24.62 44
49 RESPIRATORY THERAPY	54.80	2.79					57.59 49
49.01 SLEEP LAB	0.07	21.51					21.58 49.01
50 PHYSICAL THERAPY	13.92	1.57					15.49 50
51 OCCUPATIONAL THERAPY	17.07	0.01					17.08 51
52 SPEECH PATHOLOGY	39.75						39.75 52
53 ELECTROCARDIOLOGY	22.91	50.77					73.68 53
53.01 CATH LAB	33.00	17.01					50.01 53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	42.79	12.59					55.38 55.30
56 DRUGS CHARGED TO PATIENTS	34.05	13.48					47.53 56
57 RENAL DIALYSIS	71.29	0.79					72.08 57
60 CLINIC	38.12	12.16					50.28 60
61 EMERGENCY	18.55	10.19					28.74 61
61.01 OUTPATIENT CLINICS	1.07	4.00					5.07 61.01
61.02 CARDIAC REHAB	4.03	34.87					38.90 61.02
62 OBSERVATION BEDS (NON-DISTINCT)		22.09					22.09 62
101 TOTAL CHARGES	20.55	11.31					31.86 101

***** 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	31.14		15.87				47.01 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.04		0.02				0.06 41
43 RADIOISOTOPE	0.01						0.01 43
44 LABORATORY	0.22		0.10				0.32 44
49 RESPIRATORY THERAPY	0.13		0.03				0.16 49
50 PHYSICAL THERAPY	0.07		0.01				0.08 50
51 OCCUPATIONAL THERAPY	0.09						0.09 51
52 SPEECH PATHOLOGY	0.03		0.03				0.06 52
53 ELECTROCARDIOLOGY	0.27		0.08				0.35 53
56 DRUGS CHARGED TO PATIENTS	0.26		0.08				0.34 56
61 EMERGENCY	0.22		0.15				0.37 61
101 TOTAL CHARGES	0.10		0.04				0.14 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII PART A 1	---- PART B 2	----- TITLE XIX ----- INPATIENT 3	----- OUTPATIENT 4	----- TITLE V ----- INPATIENT 5	----- OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		79.62					79.62	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC		0.13					0.13	41
42 RADIOLOGY-THERAPEUTIC		0.02					0.02	42
43 RADIOISOTOPE		0.10					0.10	43
44 LABORATORY		1.24					1.24	44
49 RESPIRATORY THERAPY		4.44					4.44	49
50 PHYSICAL THERAPY		17.97					17.97	50
51 OCCUPATIONAL THERAPY		37.84					37.84	51
52 SPEECH PATHOLOGY		36.53					36.53	52
53 ELECTROCARDIOLOGY		1.07					1.07	53
56 DRUGS CHARGED TO PATIENTS		2.45					2.45	56
61.01 OUTPATIENT CLINICS		0.13					0.13	61.01
101 TOTAL CHARGES		1.34					1.34	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	5948084	2.26	-5948084	-4.83			3
4	NEW CAP REL COSTS-MVBLE EQUIP	9090698	3.45	-9090698	-7.38			4
5	EMPLOYEE BENEFITS	30320305	11.51	-30320305	-24.62			5
6	ADMINISTRATIVE & GENERAL	50282573	19.09	-50282573	-40.83			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	11014534	4.18	-11014534	-8.94			8
9	LAUNDRY & LINEN SERVICE	1760310	.67	-1760310	-1.43			9
10	HOUSEKEEPING	3067034	1.16	-3067034	-2.49			10
11	DIETARY	1555935	.59	-1555935	-1.26			11
12	CAFETERIA	736374	.28	-736374	-.60			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2969598	1.13	-2969598	-2.41			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY	4362937	1.66	-4362937	-3.54			16
17	MEDICAL RECORDS & LIBRARY	2052954	.78	-2052954	-1.67			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	23640563	8.97	28625317	23.24	52265880	19.84	25
26	INTENSIVE CARE UNIT	4893424	1.86	5234911	4.25	10128335	3.84	26
27	CORONARY CARE UNIT							27
31	SUBPROVIDER I	1614673	.61	2222746	1.80	3837419	1.46	31
33	NURSERY	861287	.33	1051234	.85	1912521	.73	33
34	SKILLED NURSING FACILITY	2608942	.99	3587057	2.91	6195999	2.35	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	15370119	5.83	14316538	11.62	29686657	11.27	37
40	ANESTHESIOLOGY	532635	.20	582689	.47	1115324	.42	40
41	RADIOLOGY-DIAGNOSTIC	8068571	3.06	9545427	7.75	17613998	6.69	41
42	RADIOLOGY-THERAPEUTIC	7300623	2.77	3866327	3.14	11166950	4.24	42
43	RADIOISOTOPE	1355358	.51	2004206	1.63	3359564	1.28	43
44	LABORATORY	14667431	5.57	9501328	7.71	24168759	9.17	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2011422	.76	1524383	1.24	3535805	1.34	49
49.01	SLEEP LAB	506403	.19	601751	.49	1108154	.42	49.01
50	PHYSICAL THERAPY	3624166	1.38	2961122	2.40	6585288	2.50	50
51	OCCUPATIONAL THERAPY	823607	.31	619547	.50	1443154	.55	51
52	SPEECH PATHOLOGY	325739	.12	270894	.22	596633	.23	52
53	ELECTROCARDIOLOGY	879145	.33	949662	.77	1828807	.69	53
53.01	CATH LAB	2865824	1.09	2700352	2.19	5566176	2.11	53.01
55.30	IMPL. DEV. CHARGED TO PATIENT	11898756	4.52	3567723	2.90	15466479	5.87	55.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	18534943	7.04	12604449	10.23	31139392	11.82	56
57 RENAL DIALYSIS	565511	.21	521271	.42	1086782	.41	57
60 CLINIC	509279	.19	544822	.44	1054101	.40	60
61 EMERGENCY	5493051	2.09	5429274	4.41	10922325	4.15	61
61.01 OUTPATIENT CLINICS	2449754	.93	3727716	3.03	6177470	2.34	61.01
61.02 CARDIAC REHAB	500701	.19	598603	.49	1099304	.42	61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	3848795	1.46	2787879	2.26	6636674	2.52	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
93 HOSPICE	1554887	.59	898740	.73	2453627	.93	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	187092	.07	271054	.22	458146	.17	96
98 PHYSICIANS' PRIVATE OFFICES	2782619	1.06	2038654	1.66	4821273	1.83	98
98.01 MEALS ON WHEELS							98.01
98.02 GUEST MEALS	12152		5660		17812	.01	98.02
100 OTHER NONREIMBURSABLE							100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	263448808	100.00	0	.00	263448808	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	2798413	116013509	.024121	29503428	711652	37
40 ANESTHESIOLOGY	190149	31830703	.005974	8306331	49622	40
41 RADIOLOGY-DIAGNOSTIC	2335752	168497764	.013862	23405407	324446	41
42 RADIOLOGY-THERAPEUTIC	425803	37212089	.011443	835873	9565	42
43 RADIOISOTOPE	331508	15203414	.021805	2878825	62773	43
44 LABORATORY	1784979	143054027	.012478	30970041	386444	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	218239	29083573	.007504	15936699	119589	49
49.01 SLEEP LAB	81558	3407646	.023934	2554	61	49.01
50 PHYSICAL THERAPY	226243	20975519	.010786	2918867	31483	50
51 OCCUPATIONAL THERAPY	49521	4973186	.009958	848962	8454	51
52 SPEECH PATHOLOGY	23743	2216835	.010710	881159	9437	52
53 ELECTROCARDIOLOGY	209118	4922812	.042479	1127931	47913	53
53.01 CATH LAB	680016	49016384	.013873	16174466	224388	53.01
55.30 IMPL. DEV. CHARGED TO PATIENT	250219	37129973	.006739	15888917	107075	55.30
56 DRUGS CHARGED TO PATIENTS	730869	221596197	.003298	75458544	248862	56
57 RENAL DIALYSIS	83458	1698316	.049142	1210756	59499	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	58603	858142	.068291	327165	22342	60
61 EMERGENCY	600389	44270392	.013562	8210360	111349	61
61.01 OUTPATIENT CLINICS	548873	9100085	.060315	96949	5847	61.01
61.02 CARDIAC REHAB	77686	1166493	.066598	47043	3133	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	254006	6822963	.037228			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11959145	949050022		235030277	2543934	101

APPORIONMENT 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	2995802		2995802	55893	53.60	30071	1611806 25
26	INTENSIVE CARE UNIT	552114		552114	5009	110.22	2902	319858 26
27	CORONARY CARE UNIT							27
101	TOTAL	3547916		3547916			32973	1931664 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1931664	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2543934	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4475598	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6466	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							32973	
PER DISCHARGE CAPITAL COSTS							692.17	
PER DIEM CAPITAL COSTS							135.74	

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)	72209844
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	320201889
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.226

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))	1386410
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4431462
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.313

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)	4475598
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)	25119706
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)	129038052
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.195