

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [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 OLYMPIA FIELDS OSTEOPATHIC HOSPITAL (14-0172) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	811902	-188115	2459906	2
2.01	SUBPROVIDER II	95792		215761	2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	907694	-188115	2675667	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: 20201 SOUTH CRAWFORD AVE P.O. BOX: 1
 1.01 CITY: OLYMPIA FIELDS STATE: IL ZIP CODE: 60461 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	OLYMPIA FIELDS OSTEOPATHIC HOSPITA	14-0172	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
3.01	SUBPROVIDER II	OLYMPIA FIELDS REHAB	14-T172	07/01/1985	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ST. JAMES HHA	14-7267	05/24/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2010 TO: 12/31/2010 17
 18 TYPE OF CONTROL 1 2 4 18

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 1 19
 20 SUBPROVIDER I 20
 20.01 SUBPROVIDER II 5 20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.							21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						NO	21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	YES		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	11.38		25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.			
			PROGRAM CODE(2)	RESIDENT FTEs(3)
25.09	PROGRAM NAME(1) FAMILY PRACTICE/EMERGENCY ROOM		3600	2.34
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.02
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?		NO		35.01
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 40

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

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

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47 HOSPITAL	N	N	N	N	N	47			
48 SUBPROVIDER I	N	N	N	N	N	48			
48.01 SUBPROVIDER II	N	N	N	N	N	48.01			
49 SKILLED NURSING FACILITY	N	N				49			
50 HOME HEALTH AGENCY	N	N				50			
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52			
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01			
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53			
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01			
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2229754 PAID LOSSES: AND/OR SELF INSURANCE:						54			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01			
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55			
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / NO	Y/N 1 2 3 4 NO	LIMIT 0.00	Y/N NO	FEE\$ 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES					57
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				YES					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)				YES	NO				58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO					59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (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		9782	4175	21687	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		9782	4175	21687	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
14.01	REHAB		395	18	499	14.01
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 TOTAL SALARIES	97957283	419585	98376868	3581620.00	27.47		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	99242		99242	2360.00	42.05		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R	6642281		6642281	168709.00	39.37		6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	8080952	-213469	7867483	264961.00	29.69		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	12885437		12885437	306031.00	42.11		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	659694		659694	6176.00	106.82		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	12179923		12179923	228475.00	53.31		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	21004778		21004778			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1779740		1779740			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A	23057		23057			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1582632		1582632	67980.00	23.28		21
22 ADMINISTRATIVE & GENERAL	10773819	-33022	10740797	406628.00	26.41		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	853476		853476	4553.00	187.45		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	3890234		3890234	166358.00	23.38		24
25 LAUNDRY & LINEN SERVICE	227836		227836	14494.00	15.72		25
26 HOUSEKEEPING	2217795		2217795	175408.00	12.64		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2475505	-1663991	811514	56569.00	14.35		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1659687	1659687	115694.00	14.35		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1601650		1601650	40718.00	39.34		30
31 CENTRAL SERVICES AND SUPPLY	794997		794997	52103.00	15.26		31
32 PHARMACY	2156387		2156387	62461.00	34.52		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1952812		1952812	94280.00	20.71		33
34 SOCIAL SERVICE		670380	670380	22794.00	29.41		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	92168478	419585	92588063	3417464.00	27.09	1
2 EXCLUDED AREA SALARIES	8080952	-213469	7867483	264961.00	29.69	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	84087526	633054	84720580	3152503.00	26.87	3
4 SUBTOTAL OTHER WAGES & REL COSTS	25725054		25725054	540682.00	47.58	4
5 SUBTOTAL WAGE-RELATED COSTS	21027835		21027835		24.82%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	130840415	633054	131473469	3693185.00	35.60	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	28527143	633054	29160197	1280040.00	22.78	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		10631		393	11024	1
2 UNDUPLICATED CENSUS COUNT		1267.00		672.00	1939.00	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)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.60		.60	4
5 OTHER ADMINISTRATIVE PERSONNEL	13.10		13.10	5
6 DIRECT NURSING SERVICE	21.80		21.80	6
7 NURSING SUPERVISOR	3.20		3.20	7
8 PHYSICAL THERAPY SERVICE		8.86	8.86	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		2.75	2.75	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.20		.20	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.32	.32	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	5.30		5.30	16
17 HOME HEALTH AIDE SUPERVISOR	.90		.90	17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

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	14826	302	452	102		15682	21
22	SKILLED NURSING VISIT CHARGES	2742810	58870	83620	18870		2901170	22
23	PHYSICAL THERAPY VISITS	7071	11	22	91		7195	23
24	PHYSICAL THERAPY VISIT CHARGES	1343490	2090	3990	17290		1366860	24
25	OCCUPATIONAL THERAPY VISITS	1843	1	6	35		1885	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	340955	185	1110	6475		348725	26
27	SPEECH PATHOLOGY VISITS	208					208	27
28	SPEECH PATHOLOGY VISIT CHARGES	38480					38480	28
29	MEDICAL SOCIAL SERVICE VISITS	228	1	4	4		237	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	53580	235	940	940		55695	30
31	HOME HEALTH AIDE VISITS	5249	39	5	36		5329	31
32	HOME HEALTH AIDE VISIT CHARGES	551145	4095	525	3780		559545	32
33	TOTAL VISITS	29425	354	489	268		30536	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	5070460	62475	90185	47355		5270475	35
36	TOTAL NUMBER OF EPISODES	1575		193	7		1775	36
37	TOTAL NUMBER OF OUTLIER EPISODES		8				8	37
38	TOTAL MEDICAL SUPPLY CHARGES	112966	2374	7862	322		123524	38

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	47102605	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	47102605	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.262830	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	158033523	28
29	TOTAL GROSS MEDICAID COST	41535951	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	36257230	30
31	UNCOMPENSATED CARE COST	9529488	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	41535951	32

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/27/2011 12:32

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	
100.03 7953 OTHER NONREIMBURSABLE COST CENT								100.03
101 TOTAL	97957283	211365102	309322385		309322385	-25257515	284064870	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 RENT/LEASE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		86033
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1627059
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12					12
13					13
14					14
15 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		8907255
16	B				16
17	B				17
18					18
19 COST OF CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		3594026
20					20
21					21
22 COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		10122365
23					23
24					24
25 SOCIAL SERVICES	E	SOCIAL SERVICE	18	670380	187706
26					26
27					27
28					28
29 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		7957721
30					30
31 CAFETERIA COSTS	G	CAFETERIA	12	1659687	1967018
32	G	NONPAID WORKERS	99	4304	5101
33					33
34 RADIOLOGY ADMIN COSTS	H	TCT SCAN	41.01	41961	11749
35	H	MRI	41.02	55501	15540
36 SUBTOTAL				2431833	34481573

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RENT/LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	6		347532	9 1
2	A	OPERATION OF PLANT	8		10777	9 2
3	A	HOUSEKEEPING	10		20422	3
4	A	DIETARY	11		6863	4
5	A	OPERATING ROOM	37		1128386	5
6	A	MRI	41.02		85213	6
7	A	HVI IMAGING	41.03		21175	7
8	A	RESPIRATORY THERAPY	49		44599	8
9	A	SLEEP LAB	49.01		3419	9
10	A	INTERVENTIONAL CARD	53.03		90	10
11	A	HOME HEALTH AGENCY	71		44616	11
12						12
13						13
14						14
15 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		8711674	9 15
16	B	TCT SCAN	41.01		191521	16
17	B	RESPIRATORY THERAPY	49		4060	17
18						18
19 COST OF CHARGEABLE MEDICAL SUPPLI	C	CENTRAL SERVICES & SUPPLY	15		3594026	19
20						20
21						21
22 COST OF DRUGS SOLD	D	PHARMACY	16		10122365	22
23						23
24						24
25 SOCIAL SERVICES	E	ADMINISTRATIVE & GENERAL	6	670380	187706	25
26						26
27						27
28						28
29 INTEREST	F	INTEREST EXPENSE	88		7957721	9 29
30						30
31 CAFETERIA COSTS	G	DIETARY	11	1663991	1972119	31
32	G					32
33						33
34 RADIOLOGY ADMIN COSTS	H	RADIOLOGY-DIAGNOSTIC	41	286269	80155	34
35	H					35
36 SUBTOTAL				2620640	34534439	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	H	HVI IMAGING	41.03	59729	16724	1
2	H	BREAST DIAGNOSIS	41.04	80418	22517	2
3	H	RADIOISOTOPE	43	48660	13625	3
4						4
5						5
6						6
7	I	OPERATING ROOM	37		45000	7
8	I	RADIOLOGY-DIAGNOSTIC	41		48620	8
9	I	LABORATORY	44		48000	9
10						10
11	J	ADMINISTRATIVE & GENERAL	6	217773	60977	11
12						12
13						13
14	K	NEW CAP REL COSTS-BLDG & FIXT	3		244652	14
15						15
16						16
17	L	NURSERY	33	1115352	509910	17
18						18
19	M	ADULTS & PEDIATRICS	25		44000	19
20	M	INTENSIVE CARE UNIT	26		72000	20
21	M	REHAB	31.01		30000	21
22	M	OPERATING ROOM	37		365000	22
23	M	ELECTROCARDIOLOGY	53		335839	23
24	M	SLEEP LAB	49.01		19000	24
25	M	CATH LAB	53.02		2040	25
26	M	ELECTROENCEPHALOGRAPHY	54		10000	26
27	M	BREAST DIAGNOSIS	41.04		25500	27
28						28
29	N	ELECTROCARDIOLOGY	53	60350	57244	29
30	N	CARDIAC REHABILITATION	53.01	5291	5018	30
31	N	CATH LAB	53.02	96886	91898	31
32	N	INTERVENTIONAL CARD	53.03	73822	70022	32
33						33
34	O	PARAMED ED PRGM-(SPECIFY)	24		191	34
35						35
36				4190114	36619350	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	H					1
2	H					2
3	H					3
4						4
5						5
6						6
7	I	ADMINISTRATIVE & GENERAL	6		141620	7
8	I					8
9	I					9
10						10
11	J	HOME HEALTH AGENCY	71	217773	60977	11
12						12
13						13
14	K	ADMINISTRATIVE & GENERAL	6		244652	9 14
15						15
16						16
17	L	ADULTS & PEDIATRICS	25	1115352	509910	17
18						18
19	M	ADMINISTRATIVE & GENERAL	6		903379	19
20	M					20
21	M					21
22	M					22
23	M					23
24	M					24
25	M					25
26	M					26
27	M					27
28						28
29	N	HVI IMAGING	41.03	236349	224182	29
30	N					30
31	N					31
32	N					32
33						33
34	O	EMPLOYEE BENEFITS	5		191	34
35						35
36		SUBTOTAL		4190114	36619350	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 EXCESS BENEFITS ALLOCATIONS	P	EMPLOYEE BENEFITS	5		5586388
2					2
3					3
4 AMBULANCE COSTS	Q	ADULTS & PEDIATRICS	25		418532
5	Q	MRI	41.02		51993
6					6
7 NEGATIVE SALARIES	R	ADMINISTRATIVE & GENERAL	6	419585	
8					8
9 CHICAGO HEIGHTS POB COSTS	S	PHYSICIANS' PRIVATE OFFICES	98		149363
10	S	OPERATION OF PLANT	8		29587
11					11
12 IMPLANT SUPPLY COSTS	T	IMPL. DEV. CHARGED TO PATIENT	55.30		11027587
13	T				13
14	T				14
15	T				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				4609699	53882800

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 EXCESS BENEFITS ALLOCATIONS	P	ADMINISTRATIVE & GENERAL	6		5586388	1
2						2
3						3
4 AMBULANCE COSTS	Q	NURSING ADMINISTRATION	14		470525	4
5	Q					5
6						6
7 NEGATIVE SALARIES	R	ADMINISTRATIVE & GENERAL	6		419585	7
8						8
9 CHICAGO HEIGHTS POB COSTS	S	NEW CAP REL COSTS-BLDG & FIXT	3		178950	9
10	S					10
11						11
12 IMPLANT SUPPLY COSTS	T	OPERATING ROOM	37		5473195	12
13	T	SURGICENTER	37.01		307976	13
14	T	CATH LAB	53.02		1791489	14
15	T	INTERVENTIONAL CARD	53.03		3454927	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				4190114	54302385	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	7463000				142500	7320500		1
2 LAND IMPROVEMENTS	3986662	12423		12423	54197	3944888		2
3 BUILDINGS AND FIXTURES	147202446	3070723		3070723	1177127	149096042		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	87852346	1468545		1468545	113113	89207778		5
6 MOVABLE EQUIPMENT	81771332	3484173		3484173	4467781	80787724		6
7 SUBTOTAL	328275786	8035864		8035864	5954718	330356932		7
8 RECONCILING ITEMS								8
9 TOTAL	328275786	8035864		8035864	5954718	330356932		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	-282757	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-29159	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-9387438			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-5749890			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-2800	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-17156	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-29351	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-479865	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	14694	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37.05 CAFETERIA REVENUE	B	-1254325	CAFETERIA	12	37.05
37.15 PATIENT PHONE COSTS	A	-165840	ADMINISTRATIVE & GENERAL	6	37.15
37.17 PATIENT TV COSTS	A	-3308	NEW CAP REL COSTS-MVBLE EQUIP	6	9 37.17
37.18 PATIENT TV COSTS/REPAIRS	A	-6090	ADMINISTRATIVE & GENERAL	6	37.18
37.19 PROPERTY TAXES	A	-204260	OPERATION OF PLANT	8	37.19
37.44 PHYSICIAN FEES	A	-1592160	PHYSICIANS' PRIVATE OFFICES	98	37.44
37.61 MARKETING COSTS	A	-1329679	ADMINISTRATIVE & GENERAL	6	37.61
37.73 PRINT SHOP FEES	B	-115	ADMINISTRATIVE & GENERAL	6	37.73
37.75 DIABETES CENTER COSTS	A	-611182	ADMINISTRATIVE & GENERAL	6	37.75
37.77 NON-ALLOWABLE NON-OPER COSTS	A	-491423	ADMINISTRATIVE & GENERAL	6	37.77
37.78 TELECOMMUNICATIONS REVENUE	B	-85680	ADMINISTRATIVE & GENERAL	6	37.78
37.79 BABY PHOTOS	B	-1678	ADULTS & PEDIATRICS	25	37.79
37.82 RADIOLOGY PROGRAM FEES	B	-3072	RADIOLOGY-DIAGNOSTIC	41	37.82
37.84 DONATIONS	A	-39365	ADMINISTRATIVE & GENERAL	6	37.84
37.85 PARKING REVENUES	B	-113064	OPERATION OF PLANT	8	37.85
37.87 NON-ALLOWABLE ADMIN EXPENSES	A	-110962	ADMINISTRATIVE & GENERAL	6	37.87
37.88 DISCOUNTS AND REBATES	B	-12275	PHARMACY	16	37.88
37.89 INTEREST EXPENSE	A	-1152461	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.89
37.90 HOME OFFICE INTEREST INCOME	B	-83509	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.90
37.91 CRNA FEES/SALARIES	A	-199057	ANESTHESIOLOGY	40	37.91
37.95 EMPLOYEE BADGES	B	-276	EMPLOYEE BENEFITS	5	37.95
37.98 SPECIAL FUNCTION MEALS	B	-24556	DIETARY	11	37.98
38 OTHER REVENUE	B	-15345	ELECTROCARDIOLOGY	53	38
38.01 DIETARY DISCOUNTS/REBATES	B	-330	DIETARY	11	38.01
38.02 MEDICAL SUPPLY DISCOUNTS/REBATES	B	-1119662	MEDICAL SUPPLIES CHARGED TO PAT	55	38.02
38.03 MEDICAL SUPPLY REBATES	B	-382855	CENTRAL SERVICES & SUPPLY	15	38.03
38.08 RENTAL REVENUE	B	-39356	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.08
38.09 OTHER MISCELLANEOUS REVENUE	B	-32899	ADMINISTRATIVE & GENERAL	6	38.09
38.17 RESEARCH COSTS	A	-200337	OPERATING ROOM	37	38.17

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
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 IN LIEU OF FORM CMS-2552-96 (11/98)

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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
38.18 DIETETIC INSTRUCTION	B	-10395	DIETARY	11	38.18
39					39
39.12 EMT REVENUE	B	-47658	EMPLOYEE BENEFITS	5	39.12
39.13 CASHIERING REVENUE	B	-23175	ADMINISTRATIVE & GENERAL	6	39.13
39.14 MISC REVENUE	B	65416	ADULTS & PEDIATRICS	25	39.14
39.15 MISC REVENUE	B	-660	OP PHYSICAL THERAPY	50.01	39.15
39.16 HHA OTHER REVENUE	B	-2200	HOME HEALTH AGENCY	71	39.16
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-25257515			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						9 1
2	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	3047969	3047969	9 2
3	6	ADMINISTRATIVE & GENERAL	ADMIN/INFO SVCS	15711228	19967811	-4256583 3
4	37.01	SURGICENTER	RELATED PARTY EXPENSES	5052419	4500000	552419 4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	3210429	7957721	-4747292 9 4.01
4.03	41.02	MRI	MRI PURCHASED SERVICES	253374	284885	-31511 4.03
4.04	14	NURSING ADMINISTRATION	AMBULANCE SERVICES	599859	868175	-268316 4.04
4.05	16	PHARMACY	CORPORATE ALLOCATION	782708	829284	-46576 4.05
5		TOTALS		28657986	34407876	-5749890 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 (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	2	3	4	5	6	
B			SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	1
B	SURBURBAN HEIGHTS MEDICAL CENT	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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	AGGREGATE	1010055	912860	97195	177200	2360	201054	10053
2	25 ADULTS & PEDIATRICS	AGGREGATE	409000	365000	44000	177200	367	31266	1563
3	26 INTENSIVE CARE UNIT	AGGREGATE	72000		72000	177200	480	40892	2045
4	31.01 REHAB	AGGREGATE	30000		30000	177200	250	21298	1065
5	37 OPERATING ROOM	AGGREGATE	365000		365000	177200	1	85	4
6	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE	48620		48620	177200	1	85	4
7	53.01 CARDIAC REHABILITATION	AGGREGATE	5400		5400	177200	45	3834	192
8	44 LABORATORY	AGGREGATE	48000		48000	185200	240	21369	1068
9	53.02 CATH LAB	AGGREGATE	2040		2040	177200	17	1448	72
10	53 ELECTROCARDIOLOGY	AGGREGATE	335839		335839	177200	2239	190746	9537
11	49.01 SLEEP LAB	AGGREGATE	19000		19000	177200	158	13460	673
12	54 ELECTROENCEPHALOGRAPHY	AGGREGATE	10000		10000	177200	100	8519	426
13	59 WOUND CARE	AGGREGATE	72000		72000	177200	1	85	4
15	40 ANESTHESIOLOGY	AGGREGATE	7379751	7379751					
16	41.04 BREAST DIAGNOSIS	AGGREGATE	25500		25500	177200	170	14483	724
101	TOTAL		9832205	8657611	1174594		6429	548624	27430

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				201054		912860
2	25	ADULTS & PEDIATRICS	AGGREGATE				31266	12734	377734
3	26	INTENSIVE CARE UNIT	AGGREGATE				40892	31108	31108
4	31.01	REHAB	AGGREGATE				21298	8702	8702
5	37	OPERATING ROOM	AGGREGATE				85	364915	364915
6	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				85	48535	48535
7	53.01	CARDIAC REHABILITATION	AGGREGATE				3834	1566	1566
8	44	LABORATORY	AGGREGATE				21369	26631	26631
9	53.02	CATH LAB	AGGREGATE	1	1		1449	591	591
10	53	ELECTROCARDIOLOGY	AGGREGATE				190746	145093	145093
11	49.01	SLEEP LAB	AGGREGATE				13460	5540	5540
12	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	1	1		8520	1480	1480
13	59	WOUND CARE	AGGREGATE				85	71915	71915
15	40	ANESTHESIOLOGY	AGGREGATE						7379751
16	41.04	BREAST DIAGNOSIS	AGGREGATE				14483	11017	11017
101		TOTAL		2	2		548626	729827	9387438

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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	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	284064870	11587350	10545700	1869766	284064870	61235163	23158718	3492297	103

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	6498456	2871602	4679872	3176104	3011473	5192030	4604005	1200435 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
8					8
9					9
10					10
11					11
12					12
14					14
15					15
16					16
17					17
18					18
22	9757980				22
23					23
24					24
24.01					24.01
RADIOLOGY PARAMEDICAL					
INPATIENT ROUTINE SERV COST CENTERS					
25	9608876	73538143	-9608876	63929267	25
26		16684988		16684988	26
31.01	149104	4831334	-149104	4682230	31.01
33		2643787		2643787	33
ANCILLARY SERVICE COST CENTERS					
37		18857223		18857223	37
37.01		8770917		8770917	37.01
38		2009155		2009155	38
40		1300279		1300279	40
41		7942982		7942982	41
41.01		2133463		2133463	41.01
41.02		1781435		1781435	41.02
41.03		1517041		1517041	41.03
41.04		1710335		1710335	41.04
42		3453139		3453139	42
43		2776551		2776551	43
44		16414850		16414850	44
49		5732379		5732379	49
49.01		535443		535443	49.01
50		3335838		3335838	50
50.01		1517920		1517920	50.01
51		2316320		2316320	51
52		421518		421518	52
53		3983632		3983632	53
53.01		1723450		1723450	53.01
53.02		5061479		5061479	53.02
53.03		2445898		2445898	53.03
54		282463		282463	54
55		3691027		3691027	55
55.30		14193785		14193785	55.30
56		19284481		19284481	56
57		1436280		1436280	57
58		5909016		5909016	58
59		1095736		1095736	59
59.01		550009		550009	59.01
OUTPATIENT SERVICE COST CENTERS					
60.01					60.01
61		17798963		17798963	61
62					62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					
71		6169947		6169947	71
HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					
93		1173072		1173072	93
95	9757980	265024278	-9757980	255266298	95
NONREIMBURSABLE COST CENTERS					
96		772113		772113	96
97		627114		627114	97
98		17629270		17629270	98
99		12095		12095	99
100					100
100.01					100.01
100.02					100.02
100.03					100.03

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	25	26	27	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	9757980	284064870	-9757980	274306890	103

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
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IN LIEU OF FORM CMS-2552-96 (9/96)

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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
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		11587350	10545700	22133050	335259	1851316	3813972	325514 103

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	357662	297472	689430	89082	771580	238041	340263	35722 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	22	25	26	27
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
8				8
9				9
10				10
11				11
12				12
14				14
15				15
16				16
17				17
18				18
22	346312			22
23				23
24				24
24.01				24.01
RADIOLOGY PARAMEDICAL				
INPATIENT ROUTINE SERV COST CENTERS				
25		5546578		5546578
26		1116558		1116558
31.01		367046		367046
33		198620		198620
ANCILLARY SERVICE COST CENTERS				
37		2548723		2548723
37.01		99584		99584
38		28737		28737
40		197112		197112
41		1228899		1228899
41.01		94288		94288
41.02		99616		99616
41.03		29760		29760
41.04		29045		29045
42		606086		606086
43		148932		148932
44		949285		949285
49		188213		188213
49.01		73415		73415
50		242297		242297
50.01		11851		11851
51		336475		336475
52		10497		10497
53		556273		556273
53.01		209458		209458
53.02		492652		492652
53.03		308245		308245
54		63741		63741
55		131745		131745
55.30		101656		101656
56		640357		640357
57		11797		11797
58		1089739		1089739
59		128921		128921
59.01		26168		26168
OUTPATIENT SERVICE COST CENTERS				
60.01				60.01
61		1278678		1278678
62				62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				
71		72760		72760
HOME HEALTH AGENCY				
SPECIAL PURPOSE COST CENTERS				
93		302970		302970
95		19566777		19566777
NONREIMBURSABLE COST CENTERS				
96		70596		70596
97		224918		224918
98		1924353		1924353
99		94		94
100				100
100.01				100.01
100.02				100.02
100.03				100.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	25	26	27	
101 CROSS FOOT ADJUSTMENTS	346312	346312		346312	101
102 NEGATIVE COST CENTER					102
103 TOTAL	346312	22133050		22133050	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		
	1	3	4	5	6A	6
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT	832550					1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT		832550				3
4 NEW CAP REL COSTS-MVBLE EQUIP			832550			4
5 EMPLOYEE BENEFITS	12611	12611	12611	96794236		5
6 ADMINISTRATIVE & GENERAL	68239	68239	68239	10740797	-61235163	222829707
8 OPERATION OF PLANT	137281	137281	137281	3890234		18166450
9 LAUNDRY & LINEN SERVICE	9278	9278	9278	227836		2465150
10 HOUSEKEEPING	9452	9452	9452	2217795		4818134
11 DIETARY	8353	8353	8353	811514		1939542
12 CAFETERIA	19772	19772	19772	1659687		2930072
14 NURSING ADMINISTRATION	1589	1589	1589	1601650		2374276
15 CENTRAL SERVICES & SUPPLY	22278	22278	22278	794997		1453688
16 PHARMACY	5475	5475	5475	2156387		3779239
17 MEDICAL RECORDS & LIBRARY	8462	8462	8462	1952812		3161007
18 SOCIAL SERVICE	599	599	599	670380		886960
22 I&R SERVICES-SALARY & FRINGES	8558	8558	8558			7333758
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
24.01 RADIOLOGY PARAMEDICAL						24.01
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	128254	128254	128254	24971912		37670559
26 INTENSIVE CARE UNIT	25377	25377	25377	7015816		10807976
31.01 REHAB	8121	8121	8121	1876194		2777140
33 NURSERY	5055	5055	5055	1115352		1781192
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	68118	68118	68118	3695905		11335605
37.01 SURGICENTER				374345		6640507
38 RECOVERY ROOM	107	107	107	819151		1480599
40 ANESTHESIOLOGY	5240	5240	5240	129907		709889
41 RADIOLOGY-DIAGNOSTIC	34211	34211	34211	2791414		4660780
41.01 TCT SCAN	1240	1240	1240	720616		1244055
41.02 MRI	2153	2153	2153	559140		1204076
41.03 HVI IMAGING				477769		1003442
41.04 BREAST DIAGNOSIS				770288		1255937
42 RADIOLOGY-THERAPEUTIC	17183	17183	17183	1037118		1974725
43 RADIOISOTOPE	2937	2937	2937	730031		1898084
44 LABORATORY	23151	23151	23151			11519666
49 RESPIRATORY THERAPY	2794	2794	2794	2586429		3966310
49.01 SLEEP LAB	2011	2011	2011	190058		324862
50 PHYSICAL THERAPY	6524	6524	6524			2327337
50.01 OP PHYSICAL THERAPY						1169063
51 OCCUPATIONAL THERAPY	9647	9647	9647			1429304
52 SPEECH PATHOLOGY	151	151	151	232689		311595
53 ELECTROCARDIOLOGY	15269	15269	15269	1268090		2332953
53.01 CARDIAC REHABILITATION	5710	5710	5710	681052		1068347
53.02 CATH LAB	12319	12319	12319	1407738		3159128
53.03 INTERVENTIONAL CARD	8070	8070	8070	591386		1441124
54 ELECTROENCEPHALOGRAPHY	1822	1822	1822	55800		139060
55 MEDICAL SUPPLIES CHARGED TO P						2474364
55.30 IMPL. DEV. CHARGED TO PATIENT						11027587
56 DRUGS CHARGED TO PATIENTS						10119565
57 RENAL DIALYSIS						1102099
58 ASC (NON-DISTINCT PART)	31070	31070	31070	1867870		3297574
59 WOUND CARE	3411	3411	3411	311319		697302
59.01 OP ONCOLOGY	559	559	559	284796		379265
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	30716	30716	30716	7516673		11672434
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						62
71 HOME HEALTH AGENCY				2666409		4716145
SPECIAL PURPOSE COST CENTERS						
93 HOSPICE	8058	8058	8058	86851		376335
95 SUBTOTALS	771225	771225	771225	93556207	-61235163	210804261
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	1921	1921	1921	19137		522341
97 RESEARCH	6664	6664	6664	44274		239249
98 PHYSICIANS' PRIVATE OFFICES	52740	52740	52740	3170314		11254368
99 NONPAID WORKERS				4304		9488
100 OTHER NONREIMBURSABLE COST CE						100
100.01 SENIOR FRIENDS						100.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		6A	
	1	3	4	5			
100.02 OTHER NONREIMBURSABLE COST CE							100.02
100.03 OTHER NONREIMBURSABLE COST CE							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		11587350	10545700	1869766		61235163	103
104 UNIT COST MULT-WS B PT I		13.917903		.019317		.274807	
104 UNIT COST MULT-WS B PT I			12.666747				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				335259		1851316	106
108 UNIT COST MULT-WS B PT III				.003464		.008308	107
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	COSTED REQUI 16	GROSS REVENUE 17	TIME SPENT 18	ASSIGNED TIME 22	ASSIGNED TIME 24	TIME SPENT 24.01	
100.02 OTHER NONREIMBURSABLE COST CE							100.02
100.03 OTHER NONREIMBURSABLE COST CE							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5192030	4604005	1200435	9757980			103
104 UNIT COST MULT-WS B PT I	.475242		11.811004				104
104 UNIT COST MULT-WS B PT I		.004881		51.952786			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	238041	340263	35722	346312			107
108 UNIT COST MULT-WS B PT III	.021789		.351466				108
108 UNIT COST MULT-WS B PT III		.000361		1.843811			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	63929267		63929267	12734	63942001	25
26 INTENSIVE CARE UNIT	16684988		16684988	31108	16716096	26
31.01 REHAB	4682230		4682230	8702	4690932	31.01
33 NURSERY	2643787		2643787		2643787	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18857223		18857223	364915	19222138	37
37.01 SURGICENTER	8770917		8770917		8770917	37.01
38 RECOVERY ROOM	2009155		2009155		2009155	38
40 ANESTHESIOLOGY	1300279		1300279		1300279	40
41 RADIOLOGY-DIAGNOSTIC	7942982		7942982	48535	7991517	41
41.01 TCT SCAN	2133463		2133463		2133463	41.01
41.02 MRI	1781435		1781435		1781435	41.02
41.03 HVI IMAGING	1517041		1517041		1517041	41.03
41.04 BREAST DIAGNOSIS	1710335		1710335	11017	1721352	41.04
42 RADIOLOGY-THERAPEUTIC	3453139		3453139		3453139	42
43 RADIOISOTOPE	2776551		2776551		2776551	43
44 LABORATORY	16414850		16414850	26631	16441481	44
49 RESPIRATORY THERAPY	5732379		5732379		5732379	49
49.01 SLEEP LAB	535443		535443	5540	540983	49.01
50 PHYSICAL THERAPY	3335838		3335838		3335838	50
50.01 OP PHYSICAL THERAPY	1517920		1517920		1517920	50.01
51 OCCUPATIONAL THERAPY	2316320		2316320		2316320	51
52 SPEECH PATHOLOGY	421518		421518		421518	52
53 ELECTROCARDIOLOGY	3983632		3983632	145093	4128725	53
53.01 CARDIAC REHABILITATION	1723450		1723450	1566	1725016	53.01
53.02 CATH LAB	5061479		5061479	591	5062070	53.02
53.03 INTERVENTIONAL CARD	2445898		2445898		2445898	53.03
54 ELECTROENCEPHALOGRAPHY	282463		282463	1480	283943	54
55 MEDICAL SUPPLIES CHARGED TO	3691027		3691027		3691027	55
55.30 IMPL. DEV. CHARGED TO PATIE	14193785		14193785		14193785	55.30
56 DRUGS CHARGED TO PATIENTS	19284481		19284481		19284481	56
57 RENAL DIALYSIS	1436280		1436280		1436280	57
58 ASC (NON-DISTINCT PART)	5909016		5909016		5909016	58
59 WOUND CARE	1095736		1095736	71915	1167651	59
59.01 OP ONCOLOGY	550009		550009		550009	59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	17798963		17798963		17798963	61
62 OBSERVATION BEDS (NON-DISTI	3719059		3719059		3719059	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	251642338		251642338	729827	252372165	101
102 LESS OBSERVATION BEDS	3719059		3719059		3719059	102
103 TOTAL	247923279		247923279	729827	248653106	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	116019708		116019708			25
26 INTENSIVE CARE UNIT	29298185		29298185			26
31.01 REHAB	9196655		9196655			31.01
33 NURSERY	5139139		5139139			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30466301	17779647	48245948	.390856	.390856	.398420 37
37.01 SURGICENTER		30424861	30424861	.288281	.288281	.288281 37.01
38 RECOVERY ROOM	5523353	2819055	8342408	.240836	.240836	.240836 38
40 ANESTHESIOLOGY	8160581	5014489	13175070	.098692	.098692	.098692 40
41 RADIOLOGY-DIAGNOSTIC	18619242	22534933	41154175	.193005	.193005	.194185 41
41.01 TCT SCAN	39105643	39038778	78144421	.027302	.027302	.027302 41.01
41.02 MRI	9099983	9041938	18141921	.098194	.098194	.098194 41.02
41.03 HVI IMAGING	3080727	14866532	17947259	.084528	.084528	.084528 41.03
41.04 BREAST DIAGNOSIS		6593208	6593208	.259409	.259409	.261080 41.04
42 RADIOLOGY-THERAPEUTIC	997304	11113470	12110774	.285130	.285130	.285130 42
43 RADIOISOTOPE	8582086	12636960	21219046	.130852	.130852	.130852 43
44 LABORATORY	61767791	26115684	87883475	.186780	.186780	.187083 44
49 RESPIRATORY THERAPY	30013224	2378290	32391514	.176972	.176972	.176972 49
49.01 SLEEP LAB	5866	2264042	2269908	.235888	.235888	.238328 49.01
50 PHYSICAL THERAPY	6832212	3138690	9970902	.334557	.334557	.334557 50
50.01 OP PHYSICAL THERAPY		5543232	5543232	.273833	.273833	.273833 50.01
51 OCCUPATIONAL THERAPY	5492571	851642	6344213	.365108	.365108	.365108 51
52 SPEECH PATHOLOGY	1117202	197915	1315117	.320517	.320517	.320517 52
53 ELECTROCARDIOLOGY	18877805	8899777	27777582	.143412	.143412	.148635 53
53.01 CARDIAC REHABILITATION	249276	2185909	2435185	.707729	.707729	.708372 53.01
53.02 CATH LAB	30906320	8919579	39825899	.127090	.127090	.127105 53.02
53.03 INTERVENTIONAL CARD	15211757	9528256	24740013	.098864	.098864	.098864 53.03
54 ELECTROENCEPHALOGRAPHY	375623	825835	1201458	.235100	.235100	.236332 54
55 MEDICAL SUPPLIES CHARGED TO	21854975	7731780	29586755	.124753	.124753	.124753 55
55.30 IMPL. DEV. CHARGED TO PATIE	21006144	6803794	27809938	.510385	.510385	.510385 55.30
56 DRUGS CHARGED TO PATIENTS	63856266	11906638	75762904	.254537	.254537	.254537 56
57 RENAL DIALYSIS	5770570	280694	6051264	.237352	.237352	.237352 57
58 ASC (NON-DISTINCT PART)	1292188	5379356	6671544	.885704	.885704	.885704 58
59 WOUND CARE	3153	1201637	1204790	.909483	.909483	.969174 59
59.01 OP ONCOLOGY		2247597	2247597	.244710	.244710	.244710 59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	32362978	57638168	90001146	.197764	.197764	.197764 61
62 OBSERVATION BEDS (NON-DISTI	1248967	5849137	7098104	.523951	.523951	.523951 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	601533795	341751523	943285318			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	601533795	341751523	943285318			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				5546578		5546578	25
26 INTENSIVE CARE UNIT				1116558		1116558	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							31
31.01 REHAB				367046		367046	31.01
33 NURSERY				198620		198620	33
101 TOTAL				7228802		7228802	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	83936	43744			66.08	2890604	25
26 INTENSIVE CARE UNIT	10869	6692			102.73	687469	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							31
31.01 REHAB	6632	5232			55.34	289539	31.01
33 NURSERY	3347				59.34		33
101 TOTAL	104784	55668				3867612	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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 CHARGES	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		2548723	48245948	15203690			.052828	803181 37
37.01 SURGICENTER		99584	30424861				.003273	37.01
38 RECOVERY ROOM		28737	8342408	1894766			.003445	6527 38
40 ANESTHESIOLOGY		197112	13175070	2911472			.014961	43559 40
41 RADIOLOGY-DIAGNOSTIC		1228899	41154175	10371621			.029861	309707 41
41.01 TCT SCAN		94288	78144421	19057104			.001207	23002 41.01
41.02 MRI		99616	18141921	4339468			.005491	23828 41.02
41.03 HVI IMAGING		29760	17947259	1588424			.001658	2634 41.03
41.04 BREAST DIAGNOSIS		29045	6593208				.004405	41.04
42 RADIOLOGY-THERAPEUTIC		606086	12110774	517750			.050045	25911 42
43 RADIOISOTOPE		148932	21219046	4481818			.007019	31458 43
44 LABORATORY		949285	87883475	32763200			.010802	353908 44
49 RESPIRATORY THERAPY		188213	32391514	17969309			.005811	104420 49
49.01 SLEEP LAB		73415	2269908	5847			.032343	189 49.01
50 PHYSICAL THERAPY		242297	9970902	2707319			.024300	65788 50
50.01 OP PHYSICAL THERAPY		11851	5543232				.002138	50.01
51 OCCUPATIONAL THERAPY		336475	6344213	1643785			.053037	87181 51
52 SPEECH PATHOLOGY		10497	1315117	383986			.007982	3065 52
53 ELECTROCARDIOLOGY		556273	27777582	11124207			.020026	222773 53
53.01 CARDIAC REHABILITATION		209458	2435185	200000			.086013	17203 53.01
53.02 CATH LAB		492652	39825899	17685529			.012370	218770 53.02
53.03 INTERVENTIONAL CARD		308245	24740013	9892967			.012459	123256 53.03
54 ELECTROENCEPHALOGRAPHY		63741	1201458	333686			.053053	17703 54
55 MEDICAL SUPPLIES CHARGED TO P		131745	29586755	10867008			.004453	48391 55
55.30 IMPL. DEV. CHARGED TO PATIENT		101656	27809938	11898158			.003655	43488 55.30
56 DRUGS CHARGED TO PATIENTS		640357	75762904	34702928			.008452	293309 56
57 RENAL DIALYSIS		11797	6051264	3977792			.001950	7757 57
58 ASC (NON-DISTINCT PART)		1089739	6671544	717187			.163341	117146 58
59 WOUND CARE		128921	1204790	2031			.107007	217 59
59.01 OP ONCOLOGY		26168	2247597				.011643	59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY		1278678	90001146	15935805			.014207	226400 61
62 OBSERVATION BEDS (NON-DISTINC		322606	7098104				.045450	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12284851	783631631	233176857				3220771 101

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/27/2011 12:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	EDUCATION	
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						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						31
31.01 REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/27/2011 12:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	83936		43744	25
26 INTENSIVE CARE UNIT	10869		6692	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				31
31.01 REHAB	6632		5232	31.01
33 NURSERY	3347			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	104784		55668	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0172) [] 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		48245948			15203690		4647461 37
37.01 SURGICENTER		30424861					9573158 37.01
38 RECOVERY ROOM		8342408			1894766		617196 38
40 ANESTHESIOLOGY		13175070			2911472		1232823 40
41 RADIOLOGY-DIAGNOSTIC		41154175			10371621		3639401 41
41.01 TCT SCAN		78144421			19057104		5877574 41.01
41.02 MRI		18141921			4339468		2493416 41.02
41.03 HVI IMAGING		17947259			1588424		4165755 41.03
41.04 BREAST DIAGNOSIS		6593208					751270 41.04
42 RADIOLOGY-THERAPEUTIC		12110774			517750		5303883 42
43 RADIOISOTOPE		21219046			4481818		5166513 43
44 LABORATORY		87883475			32763200		1410651 44
49 RESPIRATORY THERAPY		32391514			17969309		600826 49
49.01 SLEEP LAB		2269908			5847		475933 49.01
50 PHYSICAL THERAPY		9970902			2707319		5880 50
50.01 OP PHYSICAL THERAPY		5543232					
51 OCCUPATIONAL THERAPY		6344213			1643785		
52 SPEECH PATHOLOGY		1315117			383986		
53 ELECTROCARDIOLOGY		27777582			11124207		4068823 53
53.01 CARDIAC REHABILITATION		2435185			200000		602672 53.01
53.02 CATH LAB		39825899			17685529		4844424 53.02
53.03 INTERVENTIONAL CARD		24740013			9892967		6710866 53.03
54 ELECTROENCEPHALOGRAPHY		1201458			333686		160031 54
55 MEDICAL SUPPLIES CHARGED TO P		29586755			10867008		1602905 55
55.30 IMPL. DEV. CHARGED TO PATIENT		27809938			11898158		2811071 55.30
56 DRUGS CHARGED TO PATIENTS		75762904			34702928		3793087 56
57 RENAL DIALYSIS		6051264			3977792		218178 57
58 ASC (NON-DISTINCT PART)		6671544			717187		1581516 58
59 WOUND CARE		1204790			2031		856031 59
59.01 OP ONCOLOGY		2247597					1183610 59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							
61 EMERGENCY		90001146			15935805		6315609 61
62 OBSERVATION BEDS (NON-DISTINC		7098104					939852 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		783631631			233176857		81650415 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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 (14-0172) [] 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	.390856	.390856	.390856				37
37.01 SURGICENTER	.288281	.288281	.288281				37.01
38 RECOVERY ROOM	.240836	.240836	.240836				38
40 ANESTHESIOLOGY	.098692	.098692	.098692				40
41 RADIOLOGY-DIAGNOSTIC	.193005	.193005	.193005				41
41.01 TCT SCAN	.027302	.027302	.027302				41.01
41.02 MRI	.098194	.098194	.098194				41.02
41.03 HVI IMAGING	.084528	.084528	.084528				41.03
41.04 BREAST DIAGNOSIS	.259409	.259409	.259409				41.04
42 RADIOLOGY-THERAPEUTIC	.285130	.285130	.285130				42
43 RADIOISOTOPE	.130852	.130852	.130852				43
44 LABORATORY	.186780	.186780	.186780				44
49 RESPIRATORY THERAPY	.176972	.176972	.176972				49
49.01 SLEEP LAB	.235888	.235888	.235888				49.01
50 PHYSICAL THERAPY	.334557	.334557	.334557				50
50.01 OP PHYSICAL THERAPY	.273833	.273833	.273833				50.01
51 OCCUPATIONAL THERAPY	.365108	.365108	.365108				51
52 SPEECH PATHOLOGY	.320517	.320517	.320517				52
53 ELECTROCARDIOLOGY	.143412	.143412	.143412				53
53.01 CARDIAC REHABILITATION	.707729	.707729	.707729				53.01
53.02 CATH LAB	.127090	.127090	.127090				53.02
53.03 INTERVENTIONAL CARD	.098864	.098864	.098864				53.03
54 ELECTROENCEPHALOGRAPHY	.235100	.235100	.235100				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124753	.124753	.124753				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.510385	.510385	.510385				55.30
56 DRUGS CHARGED TO PATIENTS	.254537	.254537	.254537				56
57 RENAL DIALYSIS	.237352	.237352	.237352				57
58 ASC (NON-DISTINCT PART)	.885704	.885704	.885704				58
59 WOUND CARE	.909483	.909483	.909483				59
59.01 OP ONCOLOGY	.244710	.244710	.244710				59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	.197764	.197764	.197764				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.523951	.523951	.523951				62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.254537	1
2 PROGRAM VACCINE CHARGES	41384	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	10534	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 (14-0172) [] 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	OUTPATIENT OTHER DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37		4647461						37
37.01		9573158						37.01
38		617196						38
40		1232823						40
41		3639401						41
41.01		5877574						41.01
41.02		2493416						41.02
41.03		4165755						41.03
41.04		751270						41.04
42		5303883						42
43		5166513						43
44		1410651						44
49		600826						49
49.01		475933						49.01
50		5880						50
50.01								50.01
51								51
52								52
53		4068823						53
53.01		602672						53.01
53.02		4844424						53.02
53.03		6710866						53.03
54		160031						54
55		1602905						55
55.30		2811071						55.30
56		3793087						56
57		218178						57
58		1581516						58
59		856031						59
59.01		1183610						59.01
60.01								60.01
61		6315609						61
62		939852						62
65.01								65.01
65.02								65.02
65.03								65.03
101		81650415						101
102								102
103								103
104		81650415						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] 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		1816488					37
37.01 SURGICENTER		2759760					37.01
38 RECOVERY ROOM		148643					38
40 ANESTHESIOLOGY		121670					40
41 RADIOLOGY-DIAGNOSTIC		702423					41
41.01 TCT SCAN		160470					41.01
41.02 MRI		244838					41.02
41.03 HVI IMAGING		352123					41.03
41.04 BREAST DIAGNOSIS		194886					41.04
42 RADIOLOGY-THERAPEUTIC		1512296					42
43 RADIOISOTOPE		676049					43
44 LABORATORY		263481					44
49 RESPIRATORY THERAPY		106329					49
49.01 SLEEP LAB		112267					49.01
50 PHYSICAL THERAPY		1967					50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		583518					53
53.01 CARDIAC REHABILITATION		426528					53.01
53.02 CATH LAB		615678					53.02
53.03 INTERVENTIONAL CARD		663463					53.03
54 ELECTROENCEPHALOGRAPHY		37623					54
55 MEDICAL SUPPLIES CHARGED TO PAT		199967					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1434728					55.30
56 DRUGS CHARGED TO PATIENTS		965481					56
57 RENAL DIALYSIS		51785					57
58 ASC (NON-DISTINCT PART)		1400755					58
59 WOUND CARE		778546					59
59.01 OP ONCOLOGY		289641					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY		1249000					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		492436					62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		18362839					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18362839					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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172)

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		2548723	48245948	83682			.052828	4421	37
37.01 SURGICENTER		99584	30424861				.003273		37.01
38 RECOVERY ROOM		28737	8342408	35659			.003445	123	38
40 ANESTHESIOLOGY		197112	13175070	7130			.014961	107	40
41 RADIOLOGY-DIAGNOSTIC		1228899	41154175	254430			.029861	7598	41
41.01 TCT SCAN		94288	78144421	198254			.001207	239	41.01
41.02 MRI		99616	18141921	28224			.005491	155	41.02
41.03 HVI IMAGING		29760	17947259	16			.001658		41.03
41.04 BREAST DIAGNOSIS		29045	6593208				.004405		41.04
42 RADIOLOGY-THERAPEUTIC		606086	12110774	48406			.050045	2422	42
43 RADIOISOTOPE		148932	21219046	13708			.007019	96	43
44 LABORATORY		949285	87883475	1083078			.010802	11699	44
49 RESPIRATORY THERAPY		188213	32391514	517285			.005811	3006	49
49.01 SLEEP LAB		73415	2269908				.032343		49.01
50 PHYSICAL THERAPY		242297	9970902	2327807			.024300	56566	50
50.01 OP PHYSICAL THERAPY		11851	5543232				.002138		50.01
51 OCCUPATIONAL THERAPY		336475	6344213	2406259			.053037	127621	51
52 SPEECH PATHOLOGY		10497	1315117	409820			.007982	3271	52
53 ELECTROCARDIOLOGY		556273	27777582	42679			.020026	855	53
53.01 CARDIAC REHABILITATION		209458	2435185	638			.086013	55	53.01
53.02 CATH LAB		492652	39825899				.012370		53.02
53.03 INTERVENTIONAL CARD		308245	24740013	76183			.012459	949	53.03
54 ELECTROENCEPHALOGRAPHY		63741	1201458	4813			.053053	255	54
55 MEDICAL SUPPLIES CHARGED TO P		131745	29586755	379686			.004453	1691	55
55.30 IMPL. DEV. CHARGED TO PATIENT		101656	27809938				.003655		55.30
56 DRUGS CHARGED TO PATIENTS		640357	75762904	1547812			.008452	13082	56
57 RENAL DIALYSIS		11797	6051264	186330			.001950	363	57
58 ASC (NON-DISTINCT PART)		1089739	6671544				.163341		58
59 WOUND CARE		128921	1204790				.107007		59
59.01 OP ONCOLOGY		26168	2247597				.011643		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY		1278678	90001146	54			.014207	1	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		322606	7098104				.045450		62
101 TOTAL		12284851	783631631	9651953				234575	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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] 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		48245948			83682		37
37.01 SURGICENTER		30424861					37.01
38 RECOVERY ROOM		8342408			35659		38
40 ANESTHESIOLOGY		13175070			7130		40
41 RADIOLOGY-DIAGNOSTIC		41154175			254430		41
41.01 TCT SCAN		78144421			198254		41.01
41.02 MRI		18141921			28224		41.02
41.03 HVI IMAGING		17947259			16		41.03
41.04 BREAST DIAGNOSIS		6593208					41.04
42 RADIOLOGY-THERAPEUTIC		12110774			48406		42
43 RADIOISOTOPE		21219046			13708		43
44 LABORATORY		87883475			1083078		44
49 RESPIRATORY THERAPY		32391514			517285		49
49.01 SLEEP LAB		2269908					49.01
50 PHYSICAL THERAPY		9970902			2327807		50
50.01 OP PHYSICAL THERAPY		5543232					50.01
51 OCCUPATIONAL THERAPY		6344213			2406259		51
52 SPEECH PATHOLOGY		1315117			409820		52
53 ELECTROCARDIOLOGY		27777582			42679		53
53.01 CARDIAC REHABILITATION		2435185			638		53.01
53.02 CATH LAB		39825899					53.02
53.03 INTERVENTIONAL CARD		24740013			76183		53.03
54 ELECTROENCEPHALOGRAPHY		1201458			4813		54
55 MEDICAL SUPPLIES CHARGED TO P		29586755			379686		55
55.30 IMPL. DEV. CHARGED TO PATIENT		27809938					55.30
56 DRUGS CHARGED TO PATIENTS		75762904			1547812		56
57 RENAL DIALYSIS		6051264			186330		57
58 ASC (NON-DISTINCT PART)		6671544					58
59 WOUND CARE		1204790					59
59.01 OP ONCOLOGY		2247597					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY		90001146			54		61
62 OBSERVATION BEDS (NON-DISTINC		7098104					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		783631631			9651953		762 101

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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] 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
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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 [] HOSPITAL
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172)
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] 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	.390856	.390856	.390856				37
37.01 SURGICENTER	.288281	.288281	.288281				37.01
38 RECOVERY ROOM	.240836	.240836	.240836				38
40 ANESTHESIOLOGY	.098692	.098692	.098692				40
41 RADIOLOGY-DIAGNOSTIC	.193005	.193005	.193005				41
41.01 TCT SCAN	.027302	.027302	.027302				41.01
41.02 MRI	.098194	.098194	.098194				41.02
41.03 HVI IMAGING	.084528	.084528	.084528				41.03
41.04 BREAST DIAGNOSIS	.259409	.259409	.259409				41.04
42 RADIOLOGY-THERAPEUTIC	.285130	.285130	.285130				42
43 RADIOISOTOPE	.130852	.130852	.130852				43
44 LABORATORY	.186780	.186780	.186780				44
49 RESPIRATORY THERAPY	.176972	.176972	.176972				49
49.01 SLEEP LAB	.235888	.235888	.235888				49.01
50 PHYSICAL THERAPY	.334557	.334557	.334557				50
50.01 OP PHYSICAL THERAPY	.273833	.273833	.273833				50.01
51 OCCUPATIONAL THERAPY	.365108	.365108	.365108				51
52 SPEECH PATHOLOGY	.320517	.320517	.320517				52
53 ELECTROCARDIOLOGY	.143412	.143412	.143412				53
53.01 CARDIAC REHABILITATION	.707729	.707729	.707729				53.01
53.02 CATH LAB	.127090	.127090	.127090				53.02
53.03 INTERVENTIONAL CARD	.098864	.098864	.098864				53.03
54 ELECTROENCEPHALOGRAPHY	.235100	.235100	.235100				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124753	.124753	.124753				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.510385	.510385	.510385				55.30
56 DRUGS CHARGED TO PATIENTS	.254537	.254537	.254537				56
57 RENAL DIALYSIS	.237352	.237352	.237352				57
58 ASC (NON-DISTINCT PART)	.885704	.885704	.885704				58
59 WOUND CARE	.909483	.909483	.909483				59
59.01 OP ONCOLOGY	.244710	.244710	.244710				59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	.197764	.197764	.197764				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.523951	.523951	.523951				62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.254537	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] 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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.01 SURGICENTER								37.01
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			193					41
41.01 TCT SCAN								41.01
41.02 MRI								41.02
41.03 HVI IMAGING								41.03
41.04 BREAST DIAGNOSIS								41.04
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
49 RESPIRATORY THERAPY								49
49.01 SLEEP LAB								49.01
50 PHYSICAL THERAPY								50
50.01 OP PHYSICAL THERAPY								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC REHABILITATION								53.01
53.02 CATH LAB								53.02
53.03 INTERVENTIONAL CARD								53.03
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		71						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		498						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 WOUND CARE								59
59.01 OP ONCOLOGY								59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		762						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		762						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			37				41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
41.03 HVI IMAGING							41.03
41.04 BREAST DIAGNOSIS							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		9					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			127				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		173					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		173					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	83936		6632			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	83936		6632			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83936		6632			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)	43744		5232			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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	63942001		4690932				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	63942001		4690932				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.486329		.757864				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	169.80		933.30				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	63942001		4690932				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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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	761.79		707.32			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	33323742		3700698			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	33323742		3700698			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	16716096	10869	1537.96	6692	10292028	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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	47664091		2699716			48
49 TOTAL PROGRAM INPATIENT COSTS	91279861		6400414			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3578073		289539			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3220771		234575			51
52 TOTAL PROGRAM EXCLUDABLE COST	6798844		524114			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	84481017		5876300			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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)		(PPS)		
(14-0172)		(14-T172)		
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4882	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	761.79	84
85 OBSERVATION BED COST	3719059	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		63942001		3719059		86
87 NEW CAPITAL-RELATED COST	5546578	63942001	.086744	3719059	322606	87
88 NON PHYSICIAN ANESTHETIST		63942001		3719059		88
89 NURSING SCHOOL		63942001		3719059		89
89.01 ALLIED HEALTH		63942001		3719059		89.01
89.02 ALL OTHER		63942001		3719059		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0172)	<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		61073801		25
26 INTENSIVE CARE UNIT		17789933		26
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.398420	15203690	6057454	37
37.01 SURGICENTER	.288281			37.01
38 RECOVERY ROOM	.240836	1894766	456328	38
40 ANESTHESIOLOGY	.098692	2911472	287339	40
41 RADIOLOGY-DIAGNOSTIC	.194185	10371621	2014013	41
41.01 TCT SCAN	.027302	19057104	520297	41.01
41.02 MRI	.098194	4339468	426110	41.02
41.03 HVI IMAGING	.084528	1588424	134266	41.03
41.04 BREAST DIAGNOSIS	.261080			41.04
42 RADIOLOGY-THERAPEUTIC	.285130	517750	147626	42
43 RADIOISOTOPE	.130852	4481818	586455	43
44 LABORATORY	.187083	32763200	6129438	44
49 RESPIRATORY THERAPY	.176972	17969309	3180065	49
49.01 SLEEP LAB	.238328	5847	1394	49.01
50 PHYSICAL THERAPY	.334557	2707319	905753	50
50.01 OP PHYSICAL THERAPY	.273833			50.01
51 OCCUPATIONAL THERAPY	.365108	1643785	600159	51
52 SPEECH PATHOLOGY	.320517	383986	123074	52
53 ELECTROCARDIOLOGY	.148635	11124207	1653447	53
53.01 CARDIAC REHABILITATION	.708372	200000	141674	53.01
53.02 CATH LAB	.127105	17685529	2247919	53.02
53.03 INTERVENTIONAL CARD	.098864	9892967	978058	53.03
54 ELECTROENCEPHALOGRAPHY	.236332	333686	78861	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124753	10867008	1355692	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.510385	11898158	6072641	55.30
56 DRUGS CHARGED TO PATIENTS	.254537	34702928	8833179	56
57 RENAL DIALYSIS	.237352	3977792	944137	57
58 ASC (NON-DISTINCT PART)	.885704	717187	635215	58
59 WOUND CARE	.969174	2031	1968	59
59.01 OP ONCOLOGY	.244710			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.197764	15935805	3151529	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.523951			62
101 TOTAL		233176857	47664091	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		233176857		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T172)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31.01 REHAB		7251055		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.398420	83682	33341	37
37.01 SURGICENTER	.288281			37.01
38 RECOVERY ROOM	.240836	35659	8588	38
40 ANESTHESIOLOGY	.098692	7130	704	40
41 RADIOLOGY-DIAGNOSTIC	.194185	254430	49406	41
41.01 TCT SCAN	.027302	198254	5413	41.01
41.02 MRI	.098194	28224	2771	41.02
41.03 HVI IMAGING	.084528	16	1	41.03
41.04 BREAST DIAGNOSIS	.261080			41.04
42 RADIOLOGY-THERAPEUTIC	.285130	48406	13802	42
43 RADIOISOTOPE	.130852	13708	1794	43
44 LABORATORY	.187083	1083078	202625	44
49 RESPIRATORY THERAPY	.176972	517285	91545	49
49.01 SLEEP LAB	.238328			49.01
50 PHYSICAL THERAPY	.334557	2327807	778784	50
50.01 OP PHYSICAL THERAPY	.273833			50.01
51 OCCUPATIONAL THERAPY	.365108	2406259	878544	51
52 SPEECH PATHOLOGY	.320517	409820	131354	52
53 ELECTROCARDIOLOGY	.148635	42679	6344	53
53.01 CARDIAC REHABILITATION	.708372	638	452	53.01
53.02 CATH LAB	.127105			53.02
53.03 INTERVENTIONAL CARD	.098864	76183	7532	53.03
54 ELECTROENCEPHALOGRAPHY	.236332	4813	1137	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124753	379686	47367	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.510385			55.30
56 DRUGS CHARGED TO PATIENTS	.254537	1547812	393975	56
57 RENAL DIALYSIS	.237352	186330	44226	57
58 ASC (NON-DISTINCT PART)	.885704			58
59 WOUND CARE	.969174			59
59.01 OP ONCOLOGY	.244710			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.197764	54	11	61
62 OBSERVATION BEDS (NON-DISTINCT	.523951			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		9651953	2699716	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9651953		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	53895755					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17965252					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	2859790					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	953263					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	1218743					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	341.62					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	124.92					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]	-31.41					3.06
3.07 SUM OF LINES 3.04-3.06	115.42				-31.41	84.01
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						80.11
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	80.11					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	78.38					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	84.62					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					81.04

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.237223				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.228015				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.228015				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6646415				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2215472				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8861887 0	8861887			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0507				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2228				4.01
4.02	SUM OF 4 AND 4.01	0.2735				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1178				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	8465227				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	90406864				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	90406864				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	6872365				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3696573				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	100975802				16
17	PRIMARY PAYER PAYMENTS	40739				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	100935063				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6674397				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1029783				20
21	REIMBURSABLE BAD DEBTS	2401254				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1680878				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1966470				21.02
22	SUBTOTAL	94911761				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	94911761				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	94099859				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	811902				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	886338				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					52
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					54
55	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0172) 1	HOSPITAL (14-0172) 1.01	HOSPITAL (14-0172) 1.02	
1 MEDICAL AND OTHER SERVICES	10534			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18362839			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	16887499			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	10534			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	41384			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	41384			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	41384			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	30850			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	10534			17
17.01 TOTAL PPS PAYMENTS	16887499			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0172) 1	HOSPITAL (14-0172) 1.01	HOSPITAL (14-0172) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3989684		18.01
19 SUBTOTAL	12908349		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	695524		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13603873		23
24 PRIMARY PAYER PAYMENTS	2321		24
25 SUBTOTAL	13601552		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	741079		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	518755		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	578403		27.02
28 SUBTOTAL	14120307		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			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	14120307		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14308422		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-188115		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T172) 1	SUB II (14-T172) 1.01	SUB II (14-T172) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	173			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	247			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03	147			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	247			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T172) 1	SUB II (14-T172) 1.01	SUB II (14-T172) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	9		18.01
19 SUBTOTAL	238		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	238		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	238		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	238		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			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	238		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	238		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0172)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B			
	PART A		PART B			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		94236221		14065718	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	08/13/2010 12/23/2010	115149 251511	08/13/2010 12/23/2010	253192 10488	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		-136362	242704	3.99	
4 TOTAL INTERIM PAYMENTS		94099859		14308422	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		NONE NONE		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 .01 PROVIDER TO .02 PROGRAM		811902		6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY		94911761		14120307	7	
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T172)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6668849		238	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51	08/13/2010	30720			3.51
TO .52				NONE	3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL	.99	-30720			3.99
4 TOTAL INTERIM PAYMENTS		6638129		238	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
TO .52					5.52
PROGRAM .52					5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		95792			6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		6733921		238	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
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 SUB II SUB III SUB IV
 (14-T172)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		6273696			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0218			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		209548			1.04
1.05	OUTLIER PAYMENTS		72150			1.05
1.06	TOTAL PPS PAYMENTS		6790814			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		1.30			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)		1.00			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)		1.00			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		18.169863			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.037525			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		235420			1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL		6790814			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		6790814			6
7	DEDUCTIBLES		14268			7
8	SUBTOTAL		6776546			8
9	COINSURANCE		42625			9
10	SUBTOTAL		6733921			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL		6733921			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T172)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER			6733921			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS			6638129			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM			95792			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	128.25 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-31.41 3.03
3.04	FTE ADJUSTMENT CAP 119.25 -31.41	87.84 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	81.11 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	81.11 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	18.33 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	57.42 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	75.75 3.09
3.10	SEE INSTRUCTIONS	75.75 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	57.42 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	62.60 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	66.98 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	62.33 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	62.33 3.16
3.17	SEE INSTRUCTIONS	95815.11 3.17
3.18	SEE INSTRUCTIONS	5972156 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		9.95	3.19
3.20	SEE INSTRUCTIONS		12.71	3.20
3.21	SEE INSTRUCTIONS		13.66	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		13.66	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		98497.94	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1345482	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		7317638	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		55668	4
5	TOTAL INPATIENT DAYS		96555	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.576542	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4218926	0	4218926	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2661	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		96555	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		173171	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		6051264	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	97680275	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	40739	15
16	TOTAL PART A REASONABLE COST	97639536	16
PART B REASONABLE COST			
17	REASONABLE COST	18373546	17
18	PRIMARY PAYER PAYMENTS	2321	18
19	TOTAL PART B REASONABLE COST	18371225	19
20	TOTAL REASONABLE COST	116010761	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.841642	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.158358	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4392097	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3696573	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	695524	25

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

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25 2
3	UNADJUSTED DIRECT GME FTE CAP	128.25 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	115.42 13
14	UNADJUSTED IME FTE CAP	124.92 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	115.42 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7826793			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	67932897			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-24760224			6
7	INVENTORY	6661841			7
8	PREPAID EXPENSES	1752898			8
9	OTHER CURRENT ASSETS	1419487			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	60833692			11
FIXED ASSETS					
12	LAND	7320500			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	3944888			13
13.01	ACCUMULATED DEPRECIATION	-2481499			13.01
14	BUILDINGS	113106136			14
14.01	ACCUMULATED DEPRECIATION	-38973451			14.01
15	LEASEHOLD IMPROVEMENTS	545978			15
15.01	ACCUMULATED AMORTIZATION	-69889			15.01
16	FIXED EQUIPMENT	90380014			16
16.01	ACCUMULATED DEPRECIATION	-34560362			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	81760704			18
18.01	ACCUMULATED DEPRECIATION	-58774280			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	162198739			21
OTHER ASSETS					
22	INVESTMENTS	283268			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	7724074	1897529		25
26	TOTAL OTHER ASSETS	8007342	1897529		26
27	TOTAL ASSETS	231039773	1897529		27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12023372			28
29	SALARIES, WAGES & FEES PAYABLE	7941434			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	203256			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	21903657			35
36	TOTAL CURRENT LIABILITIES	42071719			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	590731			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	3611166			41
42	TOTAL LONG TERM LIABILITIES	4201897			42
43	TOTAL LIABILITIES	46273616			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	184766157			44
45	SPECIFIC PURPOSE FUND BALANCE		1897529		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	184766157	1897529		51
52	TOTAL LIABILITIES AND FUND BALANCES	231039773	1897529		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	199366957	2149073		1
2 NET INCOME (LOSS)	2314898			2
3 TOTAL	201681855	2149073		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	201681855	2149073		11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES	16298058			13
14 NET ASSETS RELEASED FOR OPERATIONS		251544		14
15 OTHER	617640			15
16				16
17				17
18 TOTAL DEDUCTIONS	16915698	251544		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	184766157	1897529		19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	121158847		121158847	2
2.01 SUBPROVIDER I				4
4 SUBPROVIDER II	9196655		9196655	5
5 SWING BED - SNF				6
6 SWING BED - NF				7
7 SKILLED NURSING FACILITY				8
8 NURSING FACILITY				9
9 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES	130355502		130355502	11
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
11 INTENSIVE CARE UNIT	29298185		29298185	13
12 CORONARY CARE UNIT				14
13 BURN INTENSIVE CARE UNIT				15
14 SURGICAL INTENSIVE CARE UNIT				16
15 OTHER SPECIAL CARE (SPECIFY)				17
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	29298185		29298185	18
16 TOTAL INPATIENT ROUTINE CARE SERVICES	159653687		159653687	19
17 ANCILLARY SERVICES	437283890	346993112	784277002	20
18 OUTPATIENT SERVICES		12982075	12982075	21
19 HOME HEALTH AGENCY		7014988	7014988	22
20 AMBULANCE				23
21 CORF				24
22 ASC				25
23 HOSPICE				
24 PHYSICIANS REVENUE		13999583	13999583	
25 TOTAL PATIENT REVENUES	596937577	380989758	977927335	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		309322385	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	13651871		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		13651871	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		322974256	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	977927335	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	669794693	2
3	NET PATIENT REVENUES	308132642	3
4	LESS - TOTAL OPERATING EXPENSES	322974256	4
5	NET INCOME FROM SERVICE TO PATIENTS	-14841614	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	76590	6
7	INCOME FROM INVESTMENTS	335603	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	87358	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1544282	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	113064	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1334964	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	43526	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2800	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	451218	20
21	RENTAL OF VENDING MACHINES	29351	21
22	RENTAL OF HOSPITAL SPACE	2185093	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	LOSS ON DISPOSAL OF ASSETS	-326018	24
24.01	EMERGENCY MEDICAL TECHNICIAN REVENU	47658	24.01
24.02	BILLING SERVICES	184741	24.02
24.03	DIABETES CENTER	123343	24.03
24.04	RESEARCH	80798	24.04
24.05	RADIOLOGY REVENUE	3072	24.05
24.06	HOSPICE REVENUE	283083	24.06
24.07	OB/NURSERY OTHER REVENUES	5108	24.07
24.09	DIETARY SPECIAL FUNCTIONS	24556	24.09
24.10	RETAIL PHARMACY	970450	24.10
24.11	FITNESS CENTER	2882887	24.11
24.12	THIRD PARTY AUDIT FEES	250	24.12
24.13	EKG OTHER REVENUE	15345	24.13
24.14	SENIOR SERVICES	53592	24.14
24.15	PRINT SHOP FEES	115	24.15
24.17	CAPITATION - PREMIUM REVENUE	6498122	24.17
24.18	ASSETS RELEASED FROM REST OR OPERAT	491423	24.18
24.19	OTHER MISCELLANEOUS REVENUE, NET	-38430	24.19
24.23	OTHER REVENUE, NET		24.23
24.24	CT SCAN OTHER REVENUE		24.24
25	TOTAL OTHER INCOME	17503944	25
26	TOTAL	2662330	26
27			27
27.01	OTHER NON OPERATING EXPENSES	347432	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	347432	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2314898	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

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	717395	200871			142478	1060744 5
6 SKILLED NURSING CARE	1945907	544853	79434			2570194 6
7 PHYSICAL THERAPY				750424		750424 7
8 OCCUPATIONAL THERAPY				166570		166570 8
9 SPEECH PATHOLOGY	6120	1714		16681		24515 9
10 MEDICAL SOCIAL SERVICES				22561		22561 10
11 HOME HEALTH AIDE	214760	60133	20613			295506 11
12 SUPPLIES					99690	99690 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2884182	807571	100047	956236	242168	4990204 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-323366	737378	-2200	735178	5
6 SKILLED NURSING CARE		2570194		2570194	6
7 PHYSICAL THERAPY		750424		750424	7
8 OCCUPATIONAL THERAPY		166570		166570	8
9 SPEECH PATHOLOGY		24515		24515	9
10 MEDICAL SOCIAL SERVICES		22561		22561	10
11 HOME HEALTH AIDE		295506		295506	11
12 SUPPLIES		99690		99690	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-323366	4666838	-2200	4664638	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7267

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	735178					735178	735178	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2570194					2570194	480868	3051062 6
7 PHYSICAL THERAPY	750424					750424	140400	890824 7
8 OCCUPATIONAL THERAPY	166570					166570	31164	197734 8
9 SPEECH PATHOLOGY	24515					24515	4587	29102 9
10 MEDICAL SOCIAL SERVICES	22561					22561	4221	26782 10
11 HOME HEALTH AIDE	295506					295506	55287	350793 11
12 SUPPLIES	99690					99690	18651	118341 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	4664638					4664638		4664638 24

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7267

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					-735178	3929460	5
6 SKILLED NURSING CARE						2570194	6
7 PHYSICAL THERAPY						750424	7
8 OCCUPATIONAL THERAPY						166570	8
9 SPEECH PATHOLOGY						24515	9
10 MEDICAL SOCIAL SERVICES						22561	10
11 HOME HEALTH AIDE						295506	11
12 SUPPLIES						99690	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-735178	3929460	24
25 COST TO BE ALLOC (PER W/S H)						735178	25
26 UNIT COST MULTIPLIER						.187094	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7267

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	45296			1
2 SKILLED NURSING CARE	4028157	29790	4057947	2
3 PHYSICAL THERAPY	1135629	8399	1144028	3
4 OCCUPATIONAL THERAPY	252073	1864	253937	4
5 SPEECH PATHOLOGY	37959	281	38240	5
6 MEDICAL SOCIAL SERVICES	34142	253	34395	6
7 HOME HEALTH AIDE	474940	3513	478453	7
8 SUPPLIES	161751	1196	162947	8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS	6169947	45296	6169947	20
21 UNIT COST MULTIPLIER		.007396		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
1 ADMINISTRATIVE AND GENERAL				17819					1
2 SKILLED NURSING CARE				50297			1793		2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY				393					5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				12450					7
8 SUPPLIES						99762			8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				80959		99762	1793		20
21 TOTAL COST TO BE ALLOCATED				146031		10889	852		21
22 UNIT COST MULTIPLIER							.475181		22
22 UNIT COST MULTIPLIER				1.803765		.109150			22

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	23	24	24.01	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	4057947		4057947	21967	184.73	1
2	PHYSICAL THERAPY	3	1144028		1144028	9512	120.27	2
3	OCCUPATIONAL THERAPY	4	253937		253937	2361	107.55	3
4	SPEECH PATHOLOGY	5	38240		38240	299	127.89	4
5	MEDICAL SOCIAL SERV	6	34395		34395	246	139.82	5
6	HOME HEALTH AIDE SERV	7	478453		478453	5574	85.84	6
7	TOTAL		6007000		6007000	39959		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								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	162947		162947	184216	.884543	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7267

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	3438971	1955028		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	3438971	1955028		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	3438971	1955028		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		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3229194	1821205			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	20504	3850			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	38484	26706			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	21933	8461			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	3310115	1860222			12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	3310115	1860222			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	3310115	1860222			16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3310115	1860222			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	3310115	1860222			22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	3310115	1860222			24
25 TOTAL INTERIM PAYMENTS	3310115	1860222			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.: 14-7267

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		3310115		1860222	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3310115		1860222	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		3310115		1860222	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0172) (14-0172)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	5894929				3
3.01	68438				3.01
4	246.36				4
4.01	81.04				4.01
4.02	9.73				4.02
4.03	573577				4.03
5	0.0507				5
5.01	0.2228				5.01
5.02	0.2735				5.02
5.03	0.0569				5.03
5.04	335421				5.04
6	6872365				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 RADIOLOGY PARAMEDICAL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31.01 REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
41.03 HVI IMAGING					41.03
41.04 BREAST DIAGNOSIS					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
100 OTHER NONREIMBURSABLE COST CEN					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CEN					100.02
100.03 OTHER NONREIMBURSABLE COST CEN					100.03

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
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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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	52.12		14.42				66.54	25
26 INTENSIVE CARE UNIT	61.57		12.11				73.68	26
33 NURSERY			63.97				63.97	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	31.51	9.63					41.14	37
37.01 SURGICENTER		31.46					31.46	37.01
38 RECOVERY ROOM	22.71	7.40					30.11	38
40 ANESTHESIOLOGY	22.10	9.36					31.46	40
41 RADIOLOGY-DIAGNOSTIC	25.20	8.84					34.04	41
41.01 TCT SCAN	24.39	7.52					31.91	41.01
41.02 MRI	23.92	13.74					37.66	41.02
41.03 HVI IMAGING	8.85	23.21					32.06	41.03
41.04 BREAST DIAGNOSIS		11.39					11.39	41.04
42 RADIOLOGY-THERAPEUTIC	4.28	43.79					48.07	42
43 RADIOISOTOPE	21.12	24.35					45.47	43
44 LABORATORY	37.28	1.61					38.89	44
49 RESPIRATORY THERAPY	55.48	1.85					57.33	49
49.01 SLEEP LAB	0.26	20.97					21.23	49.01
50 PHYSICAL THERAPY	27.15	0.06					27.21	50
51 OCCUPATIONAL THERAPY	25.91						25.91	51
52 SPEECH PATHOLOGY	29.20						29.20	52
53 ELECTROCARDIOLOGY	40.05	14.65					54.70	53
53.01 CARDIAC REHABILITATION	8.21	24.75					32.96	53.01
53.02 CATH LAB	44.41	12.16					56.57	53.02
53.03 INTERVENTIONAL CARD	39.99	27.13					67.12	53.03
54 ELECTROENCEPHALOGRAPHY	27.77	13.32					41.09	54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.73	5.42					42.15	55
55.30 IMPL. DEV. CHARGED TO PATIENT	42.78	10.11					52.89	55.30
56 DRUGS CHARGED TO PATIENTS	45.80	5.01					50.81	56
57 RENAL DIALYSIS	65.73	3.61					69.34	57
58 ASC (NON-DISTINCT PART)	10.75	23.71					34.46	58
59 WOUND CARE	0.17	71.05					71.22	59
59.01 OP ONCOLOGY		52.66					52.66	59.01
61 EMERGENCY	17.71	7.02					24.73	61
62 OBSERVATION BEDS (NON-DISTINCT		13.24					13.24	62
101 TOTAL CHARGES	24.72	8.66					33.38	101

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

SUBPROVIDER II

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							
31.01 REHAB	78.89		3.51				82.40 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.17						0.17 37
38 RECOVERY ROOM	0.43						0.43 38
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.62		0.01				0.63 41
41.01 TCT SCAN	0.25		0.01				0.26 41.01
41.02 MRI	0.16		0.01				0.17 41.02
42 RADIOLOGY-THERAPEUTIC	0.40						0.40 42
43 RADIOISOTOPE	0.06		0.01				0.07 43
44 LABORATORY	1.23		0.03				1.26 44
49 RESPIRATORY THERAPY	1.60		0.03				1.63 49
50 PHYSICAL THERAPY	23.35		1.04				24.39 50
51 OCCUPATIONAL THERAPY	37.93						37.93 51
52 SPEECH PATHOLOGY	31.16						31.16 52
53 ELECTROCARDIOLOGY	0.15		0.01				0.16 53
53.01 CARDIAC REHABILITATION	0.03						0.03 53.01
53.03 INTERVENTIONAL CARD	0.31						0.31 53.03
54 ELECTROENCEPHALOGRAPHY	0.40		0.01				0.41 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.28		0.07				1.35 55
56 DRUGS CHARGED TO PATIENTS	2.04		0.05				2.09 56
57 RENAL DIALYSIS	3.08		0.05				3.13 57
101 TOTAL CHARGES	1.02		0.02				1.04 101

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	11587350	4.08	-11587350	-9.22		3
4	NEW CAP REL COSTS-MVBLE EQUIP	10545700	3.71	-10545700	-8.39		4
5	EMPLOYEE BENEFITS	1534507	.54	-1534507	-1.22		5
6	ADMINISTRATIVE & GENERAL	59213573	20.85	-59213573	-47.09		6
8	OPERATION OF PLANT	14441733	5.08	-14441733	-11.49		8
9	LAUNDRY & LINEN SERVICE	2214097	.78	-2214097	-1.76		9
10	HOUSEKEEPING	4524015	1.59	-4524015	-3.60		10
11	DIETARY	1701805	.60	-1701805	-1.35		11
12	CAFETERIA	2372380	.84	-2372380	-1.89		12
14	NURSING ADMINISTRATION	2301094	.81	-2301094	-1.83		14
15	CENTRAL SERVICES & SUPPLY	846078	.30	-846078	-.67		15
16	PHARMACY	3592033	1.26	-3592033	-2.86		16
17	MEDICAL RECORDS & LIBRARY	2898326	1.02	-2898326	-2.31		17
18	SOCIAL SERVICE	858086	.30	-858086	-.68		18
22	I&R SERVICES-SALARY & FRINGES A	7106247	2.50	-7106247	-5.65		22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	RADIOLOGY PARAMEDICAL						24.01
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	33778598	11.89	39759545	31.62	73538143	25.89
26	INTENSIVE CARE UNIT	9997812	3.52	6687176	5.32	16684988	5.87
31.01	REHAB	2525004	.89	2306330	1.83	4831334	1.70
33	NURSERY	1625262	.57	1018525	.81	2643787	.93
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9453318	3.33	9403905	7.48	18857223	6.64
37.01	SURGICENTER	6633276	2.34	2137641	1.70	8770917	3.09
38	RECOVERY ROOM	1461931	.51	547224	.44	2009155	.71
40	ANESTHESIOLOGY	568076	.20	732203	.58	1300279	.46
41	RADIOLOGY-DIAGNOSTIC	3697371	1.30	4245611	3.38	7942982	2.80
41.01	TCT SCAN	1197170	.42	936293	.74	2133463	.75
41.02	MRI	1136038	.40	645397	.51	1781435	.63
41.03	HVI IMAGING	994213	.35	522828	.42	1517041	.53
41.04	BREAST DIAGNOSIS	1241057	.44	469278	.37	1710335	.60
42	RADIOLOGY-THERAPEUTIC	1497887	.53	1955252	1.56	3453139	1.22
43	RADIOISOTOPE	1805903	.64	970648	.77	2776551	.98
44	LABORATORY	10904205	3.84	5510645	4.38	16414850	5.78
49	RESPIRATORY THERAPY	3842070	1.35	1890309	1.50	5732379	2.02
49.01	SLEEP LAB	267729	.09	267714	.21	535443	.19
50	PHYSICAL THERAPY	2153899	.76	1181939	.94	3335838	1.17
50.01	OP PHYSICAL THERAPY	1169063	.41	348857	.28	1517920	.53
51	OCCUPATIONAL THERAPY	1172842	.41	1143478	.91	2316320	.82
52	SPEECH PATHOLOGY	303085	.11	118433	.09	421518	.15
53	ELECTROCARDIOLOGY	1902536	.67	2081096	1.66	3983632	1.40
53.01	CARDIAC REHABILITATION	903393	.32	820057	.65	1723450	.61

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.02 CATH LAB	2804438	.99	2257041	1.80	5061479	1.78	53.02
53.03 INTERVENTIONAL CARD	1215162	.43	1230736	.98	2445898	.86	53.03
54 ELECTROENCEPHALOGRAPHY	89545	.03	192918	.15	282463	.10	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2474364	.87	1216663	.97	3691027	1.30	55
55.30 IMPL. DEV. CHARGED TO PATIENT	11027587	3.88	3166198	2.52	14193785	5.00	55.30
56 DRUGS CHARGED TO PATIENTS	10119565	3.56	9164916	7.29	19284481	6.79	56
57 RENAL DIALYSIS	1102099	.39	334181	.27	1436280	.51	57
58 ASC (NON-DISTINCT PART)	2435507	.86	3473509	2.76	5909016	2.08	58
59 WOUND CARE	600608	.21	495128	.39	1095736	.39	59
59.01 OP ONCOLOGY	358903	.13	191106	.15	550009	.19	59.01
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	10710660	3.77	7088303	5.64	17798963	6.27	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	4664638	1.64	1505309	1.20	6169947	2.17	71
93 HOSPICE NONREIMBURSABLE COST CENTERS	160438	.06	1012634	.81	1173072	.41	93
96 GIFT, FLOWER, COFFEE SHOP & CAN	470902	.17	301211	.24	772113	.27	96
97 RESEARCH	61234	.02	565880	.45	627114	.22	97
98 PHYSICIANS' PRIVATE OFFICES	9791053	3.45	7838217	6.23	17629270	6.21	98
99 NONPAID WORKERS	9405		2690		12095		99
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT							100.02
100.03 OTHER NONREIMBURSABLE COST CENT							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	284064870	100.00	0	.00	284064870	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	2548723	48245948	.052828	15203690	803181	37
37.01 SURGICENTER	99584	30424861	.003273			37.01
38 RECOVERY ROOM	28737	8342408	.003445	1894766	6527	38
40 ANESTHESIOLOGY	197112	13175070	.014961	2911472	43559	40
41 RADIOLOGY-DIAGNOSTIC	1228899	41154175	.029861	10371621	309707	41
41.01 TCT SCAN	94288	78144421	.001207	19057104	23002	41.01
41.02 MRI	99616	18141921	.005491	4339468	23828	41.02
41.03 HVI IMAGING	29760	17947259	.001658	1588424	2634	41.03
41.04 BREAST DIAGNOSIS	29045	6593208	.004405			41.04
42 RADIOLOGY-THERAPEUTIC	606086	12110774	.050045	517750	25911	42
43 RADIOISOTOPE	148932	21219046	.007019	4481818	31458	43
44 LABORATORY	949285	87883475	.010802	32763200	353908	44
49 RESPIRATORY THERAPY	188213	32391514	.005811	17969309	104420	49
49.01 SLEEP LAB	73415	2269908	.032343	5847	189	49.01
50 PHYSICAL THERAPY	242297	9970902	.024300	2707319	65788	50
50.01 OP PHYSICAL THERAPY	11851	5543232	.002138			50.01
51 OCCUPATIONAL THERAPY	336475	6344213	.053037	1643785	87181	51
52 SPEECH PATHOLOGY	10497	1315117	.007982	383986	3065	52
53 ELECTROCARDIOLOGY	556273	27777582	.020026	11124207	222773	53
53.01 CARDIAC REHABILITATION	209458	2435185	.086013	200000	17203	53.01
53.02 CATH LAB	492652	39825899	.012370	17685529	218770	53.02
53.03 INTERVENTIONAL CARD	308245	24740013	.012459	9892967	123256	53.03
54 ELECTROENCEPHALOGRAPHY	63741	1201458	.053053	333686	17703	54
55 MEDICAL SUPPLIES CHARGED TO PAT	131745	29586755	.004453	10867008	48391	55
55.30 IMPL. DEV. CHARGED TO PATIENT	101656	27809938	.003655	11898158	43488	55.30
56 DRUGS CHARGED TO PATIENTS	640357	75762904	.008452	34702928	293309	56
57 RENAL DIALYSIS	11797	6051264	.001950	3977792	7757	57
58 ASC (NON-DISTINCT PART)	1089739	6671544	.163341	717187	117146	58
59 WOUND CARE	128921	1204790	.107007	2031	217	59
59.01 OP ONCOLOGY	26168	2247597	.011643			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	1278678	90001146	.014207	15935805	226400	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	322606	7098104	.045450			62
101 TOTAL	12284851	783631631		233176857	3220771	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	5546578		5546578	83936	66.08	43744	2890604 25
26	INTENSIVE CARE UNIT	1116558		1116558	10869	102.73	6692	687469 26
101	TOTAL	6663136		6663136			50436	3578073 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							3578073	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3220771	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6798844	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							9782	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							50436	
PER DISCHARGE CAPITAL COSTS							695.04	
PER DIEM CAPITAL COSTS							134.80	

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)	84481017
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	312040591
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.271

COST TO CHARGE RATIO FOR REHAB 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))	6400414
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	16920723
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.378

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)	6798844
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.022

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)	18309087
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)	81426357
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.225