

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	268283	198224		2
3	SWING BED - SNF	-109554			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	158729	198224		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: 800 WEST CENTRAL ROAD P.O.BOX: 1
 1.01 CITY: ARLINGTON HEIGHTS STATE: IL ZIP CODE: 60005 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)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORTHWEST COMMUNITY HOSPITAL	14-0252	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NWCH PSYCHIATRIC UNIT	14-S252	11/01/1985	N	T	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	NORTHWEST COMMUNITY HOME CARE SERV	14-7094	07/01/1966	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: 10/01/2007	TO: 09/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		NO					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		NO					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:					
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
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	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		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.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES	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.)	NO		60.01
MULTICAMPUS				
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO		61
	COUNTY:	STATE:	ZIP CODE	FTE/ CAMPUS
	1	2	3	5
			CBSA	
			4	

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		11560	1643	23885	1
2	HMO XIX					2
3	HOSPITAL ADULTS & Peds - SWING BED SNF					3
4	HOSPITAL ADULTS & Peds - SWING BED NF					4
5	TOTAL ADULTS & Peds EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		11560	1643	23885	12
13	RPCH VISITS					13
14	SUBPROVIDER I		253	266	1365	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	
1	SALARIES							1
2	TOTAL SALARIES	177247205		177247205	5788940.00	30.62		2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4.01	PHYSICIAN - PART A							4
5	TEACHING PHYSICIAN SALARIES							4.01
5.01	PHYSICIAN - PART B	2578448		2578448	37577.00	68.62	CONTRACTS/PR	5
6	NON-PHYSICIAN - PART B							5.01
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6
7	CONTRACT SERVICES, I&R							6.01
8	HOME OFFICE PERSONNEL							7
8.01	SNF							8
9	EXCLUDED AREA SALARIES	16027199	-406559	15620640	414236.00	37.71	ANALYSIS	8.01
9.01	OTHER WAGES & RELATED COSTS							
9.02	CONTRACT LABOR	838929		838929	14995.00	55.95	CONT LABOR SUMM	9
9.03	PHARMACY SERVICES UNDER CONTRACT							9.01
10	LABORATORY SERVICES UNDER CONTRACT							9.02
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
11	CONTRACT LABOR: PHYSICIAN PART A	1205758		1205758	10691.00	112.78	CONTR AND TIME	10
12	TEACHING PHYSICIAN UNDER CONTRACT							10.01
12.01	HOME OFFICE SALARIES & WAGE REL COSTS							11
13	HOME OFFICE: PHYSICIAN PART A							12
14	TEACHING PHYSICIAN SALARIES							12.01
15	WAGE-RELATED COSTS							
16	WAGE RELATED COSTS (CORE)	47937672		47937672			CMS 339	13
17	WAGE RELATED COSTS (OTHER)						CMS 339	14
18	EXCLUDED AREAS	3720636		3720636			CMS 339	15
18.01	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
19	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
19.01	PHYSICIAN PART A						CMS 339	18
20	PHYSICIAN PART B	337514		337514			CMS 339	18.01
21	WAGE RELATED COSTS (RHC/FQHC)							19
22	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	19.01
23	OVERHEAD COSTS - DIRECT SALARIES							20
24	EMPLOYEE BENEFITS	4745036	-86616	4658420	50104.48	92.97		21
25	ADMINISTRATIVE & GENERAL	25498421	86616	25585037	823809.18	31.06		22
25.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	21869		21869	164.00	133.35		22.01
26	MAINTENANCE & REPAIRS							23
27	OPERATION OF PLANT	6960358		6960358	385919.68	18.04		24
28	LAUNDRY & LINEN SERVICE							25
29	HOUSEKEEPING							26
29.01	HOUSEKEEPING UNDER CONTRACT							26.01
30	DIETARY	2903738	-900877	2002861	128523.20	15.58		27
31	DIETARY UNDER CONTRACT							27.01
32	CAFETERIA		900877	900877	59575.85	15.12		28
33	MAINTENANCE OF PERSONNEL							29
34	NURSING ADMINISTRATION	3193304		3193304	79427.47	40.20		30
35	CENTRAL SERVICES AND SUPPLY	1378970		1378970	82726.59	16.67		31
36	PHARMACY	4084985		4084985	104209.50	39.20		32
37	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2233372		2233372	107997.78	20.68		33
38	SOCIAL SERVICE							34
39	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8
1	NET SALARIES	174690626		174690626	5751527.00	30.37	1
2	EXCLUDED AREA SALARIES	16027199	-406559	15620640	414236.00	37.71	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	158663427	406559	159069986	5337291.00	29.80	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2044687		2044687	25686.00	79.60	4
5	SUBTOTAL WAGE-RELATED COSTS	47937672		47937672		30.14%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	208645786	406559	209052345	5362977.00	38.98	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	51020053		51020053	1822457.73	28.00	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3172		2358	5530	1
2 UNDUPLICATED CENSUS COUNT		1619.00		666.00	2285.00	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	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	18.20		18.20	5
6 DIRECT NURSING SERVICE	23.80		23.80	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	17.07		17.07	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.77		1.77	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.56		.56	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.62		1.62	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.66		2.66	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 CONTINUUM PERSONNEL	4.41		4.41	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)	1697		16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA	PEP ONLY	SCIC	SCIC ONLY	TOTAL	
	WITHOUT	WITH						
	OUTLIERS	OUTLIERS	EPISODES	EPISODES	WITHIN	EPISODES	7	
	1	2	3	4	A PEP	6		
					5			
21 SKILLED NURSING VISITS	12566	10	151	353			13080	21
22 SKILLED NURSING VISIT CHARGES	2474693	1960	29792	69384			2575829	22
23 PHYSICAL THERAPY VISITS	9448	24	40	167			9679	23
24 PHYSICAL THERAPY VISIT CHARGES	2004672	5088	8480	35404			2053644	24
25 OCCUPATIONAL THERAPY VISITS	999	14	1	13			1027	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	212424	2968	212	2756			218360	26
27 SPEECH PATHOLOGY VISITS	191	16	2				209	27
28 SPEECH PATHOLOGY VISIT CHARGES	40492	3392	424				44308	28
29 MEDICAL SOCIAL SERVICE VISITS	535	2		13			550	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	126126	468		3042			129636	30
31 HOME HEALTH AIDE VISITS	1226	6	2	5			1239	31
32 HOME HEALTH AIDE VISIT CHARGES	161590	780	260	650			163280	32
33 TOTAL VISITS	24965	72	196	551			25784	33
34 OTHER CHARGES	109277	84	2292	3005			114658	34
35 TOTAL CHARGES	5129274	14740	41460	114241			5299715	35
36 TOTAL NUMBER OF EPISODES	1709		65	52			1826	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2					2	37
38 TOTAL MEDICAL SUPPLY CHARGES	109277	84	2292	3005			114658	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	1576652 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	1576652 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.287650 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	65892595 28
29	TOTAL GROSS MEDICAID COST	18954005 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	16121088 30
31	UNCOMPENSATED CARE COST	4637231 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18954005 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
3	0300 NEW CAP REL COSTS-BLDG & FIXT				14350955	14350955	-1906730	12444225	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				17039311	17039311	-91689	16947622	4
5	0500 EMPLOYEE BENEFITS	4658420	40416925	45075345		45075345	106371	45181716	5
5.01	0501 GENERAL OVERHEAD	86616	66683750	66770366	-66770366				5.01
6	0600 ADMINISTRATIVE & GENERAL	25498421	28043158	53541579	33566150	87107729	-29469749	57637980	6
8	0800 OPERATION OF PLANT	6960358	10262791	17223149	176566	17399715	-7774	17391941	8
11	1100 DIETARY	2903738	2530937	5434675	-2003554	3431121	-208	3430913	11
12	1200 CAFETERIA				2003554	2003554	-1859649	143905	12
14	1400 NURSING ADMINISTRATION	3193304	655346	3848650		3848650	-31616	3817034	14
15	1500 CENTRAL SERVICES & SUPPLY	1378970	3975364	5354334	-3492005	1862329		1862329	15
16	1600 PHARMACY	4084985	15083020	19168005	-13799150	5368855		5368855	16
17	1700 MEDICAL RECORDS & LIBRARY	2233372	2640651	4874023		4874023	-63	4873960	17
24	2400 PARAMED ED PRGM- EMS				225655	225655	-123536	102119	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	38753100	6696180	45449280	-1842861	43606419	-166328	43440091	25
26	2600 INTENSIVE CARE UNIT	7615840	2115126	9730966	-196227	9534739	-900560	8634179	26
31	3100 SUBPROVIDER I	4109256	678224	4787480	-312335	4475145	-133253	4341892	31
33	3300 NURSERY	2245103	329402	2574505	-99657	2474848		2474848	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	12712317	21965127	34677444	-18685082	15992362	-208100	15784262	37
40	4000 ANESTHESIOLOGY	122437	906927	1029364	-861735	167629		167629	40
41	4100 RADIOLOGY-DIAGNOSTIC	14443216	9449888	23893104	-1811958	22081146	-23623	22057523	41
43.01	3480 ONCOLOGY	565991	72525	638516	-16779	621737		621737	43.01
44	4400 LABORATORY	6322421	6735219	13057640	-299135	12758505	-314096	12444409	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	656768	2849608	3506376	-40196	3466180		3466180	46
49	4900 RESPIRATORY THERAPY	1814754	768439	2583193	-196630	2386563		2386563	49
50	5000 PHYSICAL THERAPY	5565725	1473171	7038896	-137659	6901237	-97423	6803814	50
53	5300 ELECTROCARDIOLOGY	2514346	872035	3386381	-97903	3288478	-65100	3223378	53
53.01	3120 CARDIAC CATH LAB	1637446	9440092	11077538	-8567517	2510021	-13280	2496741	53.01
53.02	3160 CARDIAC REHABILITATION	607600	364610	972210	-6450	965760	-71670	894090	53.02
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				37395780	37395780		37395780	55
56	5600 DRUGS CHARGED TO PATIENTS				13718541	13718541	-42625	13675916	56
57	5700 RENAL DIALYSIS		997172	997172	-4877	992295		992295	57
59	3950 LITHOTRIPSY				2138	2138		2138	59
OUTPATIENT SERVICE COST CENTERS									
60.01	4950 PARTIAL HOSPITALIZATION PROGRAM				959842	959842		959842	60.01
60.02	4951 TREATMENT CENTERS	4517963	1688916	6206879	-456631	5750248	-2965631	2784617	60.02
61	6100 EMERGENCY	10126795	4617145	14743940	-1883092	12860848	-853790	12007058	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY	5390304	939610	6329914	2990	6332904	-408	6332496	71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE				2257110	2257110	-2257110		88
95	SUBTOTALS	170719566	243251358	413970924	116793	414087717	-41497640	372590077	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	120150	112231	232381		232381		232381	96
96.01	9601 ADULT DAY CARE	340878	94664	435542		435542	-869	434673	96.01
96.02	9602 OTHER NRCC	90050	257968	348018		348018		348018	96.02
96.03	9603 FOUNDATION								96.03
96.04	9604 CHCC						12732440	12732440	96.04
96.05	9605 CORPORATE HEALTH	1735234	686572	2421806		2421806	45124	2466930	96.05
96.06	9606 MARKETING	580619	2516677	3097296		3097296		3097296	96.06
96.07	9607 EMS CONTINUING EDUCATION				493528	493528		493528	96.07
97.01	9701 RESIDENTIAL TREATMENT CENTER	1270841	216995	1487836	-610321	877515		877515	97.01
98	9800 PHYSICIANS' PRIVATE OFFICES		1419365	1419365		1419365		1419365	98
98.05	9801 SCHAUMBURG MEDICAL CENTER								98.05
99	9900 NONPAID WORKERS								99
99.01	9902 GASTRO PARSONS	2389867	776883	3166750		3166750		3166750	99.01
99.50	9901 OTHER CORP								99.50
101	TOTAL	177247205	249332713	426579918		426579918	-28720945	397858973	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 SHARED EXPENSES F	A	CAFETERIA	12	900877	1102677	1
2						2
3 FLOAT POOL F	B	ADULTS & PEDIATRICS	25	705864	56527	3
4	B	INTENSIVE CARE UNIT	26	137482	11010	4
5	B	SUBPROVIDER I	31	45212	3621	5
6	B	NURSERY	33	11995	961	6
7	B	OPERATING ROOM	37	1845	148	7
8	B	EMERGENCY	61	13840	1108	8
9	B	HOME HEALTH AGENCY	71	2768	222	9
10	B	OPERATING ROOM	37	923	74	10
11	B	ADULTS & PEDIATRICS	25	2769	220	11
12						12
13 TREATMENT CENTER RENT F	C	NEW CAP REL COSTS-BLDG & FIXT	3		385902	13
14	C					14
15						15
16 COST OF MEDICAL SUPPLIES SOLD F	D	MEDICAL SUPPLIES CHARGED TO P	55		37395780	16
17	D					17
18	D					18
19	D					19
20	D					20
21	D					21
22	D					22
23	D					23
24	D					24
25	D					25
26	D					26
27	D					27
28	D					28
29	D					29
30	D					30
31	D					31
32	D					32
33	D					33
34	D					34
35	D					35
36 SUBTOTAL				1823575	38958250	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SHARED EXPENSES F	A	DIETARY	11	900877	1102677	1
2						2
3 FLOAT POOL F	B	ADULTS & PEDIATRICS	25	922698	73891	3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10	B					10
11	B					11
12						12
13 TREATMENT CENTER RENT F	C	TREATMENT CENTERS	60.02		311902	9 13
14	C	RADIOLOGY-DIAGNOSTIC	41		74000	14
15						15
16 COST OF MEDICAL SUPPLIES SOLD F	D	CENTRAL SERVICES & SUPPLY	15		3256043	16
17	D	ADULTS & PEDIATRICS	25		1611652	17
18	D	INTENSIVE CARE UNIT	26		344719	18
19	D	SUBPROVIDER I	31		11647	19
20	D	NURSERY	33		112613	20
21	D	OPERATING ROOM	37		18688072	21
22	D	ANESTHESIOLOGY	40		861735	22
23	D	RADIOLOGY-DIAGNOSTIC	41		1737958	23
24	D	ONCOLOGY	43.01		16779	24
25	D	LABORATORY	44		299135	25
26	D	WHOLE BLOOD & PACKED RED BLOO	46		40196	26
27	D	RESPIRATORY THERAPY	49		196630	27
28	D	PHYSICAL THERAPY	50		137659	28
29	D	ELECTROCARDIOLOGY	53		97903	29
30	D	CARDIAC CATH LAB	53.01		8567517	30
31	D	CARDIAC REHABILITATION	53.02		6450	31
32	D	DRUGS CHARGED TO PATIENTS	56		80609	32
33	D	RENAL DIALYSIS	57		4877	33
34	D	EMERGENCY	61		1178857	34
35	D	TREATMENT CENTERS	60.02		144729	35
36 SUBTOTAL				1823575	38958250	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1						1
2 COST OF DRUGS SOLD F	E	DRUGS CHARGED TO PATIENTS	56		13799150	2
3						3
4 PARA MEDICAL EDUCATION F	F	PARAMED ED PRGM- EMS	24	119485	106170	4
5	F	EMS CONTINUING EDUCATION	96.07	261324	232204	5
6						6
7 DEPRECIATION EXPENSE F	G	NEW CAP REL COSTS-BLDG & FIXT	3		13923210	7
8	G	NEW CAP REL COSTS-MVBLE EQUIP	4		16803349	8
9						9
10 SALT CREEK OCC EXPENSE F	H	NEW CAP REL COSTS-BLDG & FIXT	3		41843	10
11	H	OPERATION OF PLANT	8		176566	11
12						12
13 RENTAL EXPENSE F	I	NEW CAP REL COSTS-MVBLE EQUIP	4		235962	13
14						14
15 PHP EXPENSE F	J	PARTIAL HOSPITALIZATION PROGR	60.01	835348	124494	15
16	J					16
17						17
18 INTEREST EXPENSES F	K	INTEREST EXPENSE	88		2257110	18
19						19
20 LITHOTRIPSY F	L	LITHOTRIPSY	59		2138	20
21						21
22 GENERAL OH F	M	ADMINISTRATIVE & GENERAL	6	86616	33700081	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				3126348	120360527	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1						1
2 COST OF DRUGS SOLD F	E	PHARMACY	16		13799150	2
3						3
4 PARA MEDICAL EDUCATION F	F	EMERGENCY	61	380809	338374	4
5	F					5
6						6
7 DEPRECIATION EXPENSE F	G	GENERAL OVERHEAD	5.01		30726559	9 7
8	G					9 8
9						9
10 SALT CREEK OCC EXPENSE F	H	ADMINISTRATIVE & GENERAL	6		218409	9 10
11	H					11
12						12
13 RENTAL EXPENSE F	I	CENTRAL SERVICES & SUPPLY	15		235962	9 13
14						14
15 PHP EXPENSE F	J	SUBPROVIDER I	31	314040	35481	15
16	J	RESIDENTIAL TREATMENT CENTER	97.01	521308	89013	16
17						17
18 INTEREST EXPENSES F	K	GENERAL OVERHEAD	5.01		2257110	11 18
19						19
20 LITHOTRIPSY F	L	ADMINISTRATIVE & GENERAL	6		2138	20
21						21
22 GENERAL OH F	M	GENERAL OVERHEAD	5.01	86616	33700081	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				3126348	120360527	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	1789072					1789072		1
2 LAND IMPROVEMENTS	11967055					11967055		2
3 BUILDINGS AND FIXTURES	189786917					189786917		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	119052732					119052732		5
6 MOVABLE EQUIPMENT	98772352					98772352		6
7 SUBTOTAL	421368128					421368128		7
8 RECONCILING ITEMS								8
9 TOTAL	421368128					421368128		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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-104696	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-6550	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5290239			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	97155			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1859649	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 WELLNESS CENTER RENT	A	-62362	CARDIAC REHABILITATION	53.02	36
37.01 WELLNESS CNTR RENT	A	48085	PHYSICAL THERAPY	50	37.01
38 CAPITATION	A	-992755	ADMINISTRATIVE & GENERAL	6	38
39 DR SELECT AND PHO	A	-1450277	ADMINISTRATIVE & GENERAL	6	39
40					40
41 SUPP PENSION PP AJE CARRYFORWARD	A	127600	EMPLOYEE BENEFITS	5	41
42 LOBBYING FEES	A	-45244	ADMINISTRATIVE & GENERAL	6	42
43 BAD DEBTS	A	-124	DIETARY	11	43
43.01 BAD DEBTS	A	-11405	EMPLOYEE BENEFITS	5	43.01
43.02 BAD DEBTS	A	-869	ADULT DAY CARE	96.01	43.02
43.04 BAD DEBTS	A	45124	CORPORATE HEALTH	96.05	43.04
43.05 BAD DEBTS	A	-26377178	ADMINISTRATIVE & GENERAL	6	43.05
44 PIANO DEPRECIATION	A	-1371	NEW CAP REL COSTS-MVBLE EQUIP	4	9 44
45 PATIENT PHONE EMPLOYEE BENEFITS	A	-9824	EMPLOYEE BENEFITS	5	45
45.06 LOSS ON EXTINGUISHMENT OF DEBT	A	1852089	INTEREST EXPENSE	88	45.06
45.07 INTEREST EXPENSE	A	-4109199	INTEREST EXPENSE	88	45.07
45.08 2008 CAP INT INC AMORT	B	-39074	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.08
45.14 EMS PROGRAM REVENUE	B	-123536	PARAMED ED PRGM- EMS	24	45.14
45.71 AFFILIATED CORP COST	A	12732440	CHCC	96.04	45.71
45.73 MISC INCOME	B	-152307	ADULTS & PEDIATRICS	25	45.73
45.74 MISC INCOME	B	-31616	NURSING ADMINISTRATION	14	45.74
45.76 MISC INCOME	B	-144240	PHYSICAL THERAPY	50	45.76
45.78 MISC INCOME	B	-10360	RADIOLOGY-DIAGNOSTIC	41	45.78
45.80 MISC INCOME	B	-3035	CARDIAC REHABILITATION	53.02	45.80
45.82 MISC INCOME	B	-133253	SUBPROVIDER I	31	45.82
45.84 MISC INCOME	B	-5000	LABORATORY	44	45.84
45.85 MISC INCOME	B	-1224	OPERATION OF PLANT	8	45.85
45.86 MISC INCOME	B	-408	HOME HEALTH AGENCY	71	45.86
45.88 MISC INCOME	B	-42625	DRUGS CHARGED TO PATIENTS	56	45.88
45.90 MISC INCOME	B	-309577	ADMINISTRATIVE & GENERAL	6	45.90

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER			
	1	2	3		4	5
45.92 MISC INCOME	B	-59727	EMERGENCY		61	45.92
45.94 MISC INCOME	B	-63	MEDICAL RECORDS & LIBRARY		17	45.94
45.95 MISC INCOME	B	-84	DIETARY		11	45.95
45.96 MISC INCOME	B	-416	TREATMENT CENTERS		60.02	45.96
46						46
47 MESA BILLING	A	-14145	ADMINISTRATIVE & GENERAL		6	47
48						48
49 NON ALLOWABLE MEALS	A	-133496	ADMINISTRATIVE & GENERAL		6	49
49.26 NON ALLOWABLE TRAVEL	A	-38881	ADMINISTRATIVE & GENERAL		6	49.26
49.27 CONTRIBUTIONS	A	-3500	ADMINISTRATIVE & GENERAL		6	49.27
49.28 CSM DEPRECIATION	A	-2032922	NEW CAP REL COSTS-BLDG & FIXT		3	9 49.28
49.29 CSM DEPRECIATION	A	-90318	NEW CAP REL COSTS-MVBLE EQUIP		4	9 49.29
49.30 AMORT OF DEMOLISHED ASSET COST	A	68111	NEW CAP REL COSTS-BLDG & FIXT		3	9 49.30
50 TOTAL		-28720945				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	3	NEW CAP REL COSTS-BLDG & FIXT	TREATMENT CENTER RENT	371155	274000	97155	9
2							2
3							3
4							4
5	TOTALS			371155	274000	97155	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	NORTHWEST HEALTHCARE CORP	100.00	NORTHWEST COMMUNITY HOSPITAL		HEALTH CARE
2					
3					
4					
5					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	71185		71185	177200	671	57164	2858
2	26	INTENSIVE CARE UNIT	936000	889335	46665	177200	416	35440	1772
3	37	OPERATING ROOM	220900	173900	47000	208000	128	12800	640
4	41	RADIOLOGY-DIAGNOSTIC	32760		32760	225300	180	19497	975
5	44	LABORATORY	309200		309200	215700	1	104	5
6	50	PHYSICAL THERAPY	6720		6720	177200	64	5452	273
7	53	ELECTROCARDIOLOGY	130880	65100	65780	165600	1313	104535	5227
8	53.01	CARDIAC CATH LAB	33860		33860	225300	190	20580	1029
9	53.02	CARDIAC REHABILITATION	119406		119406	165600	1421	113133	5657
10	61	EMERGENCY	1159964	578888	581075	177200	4295	365901	18295
11	60.02	TREATMENT CENTERS	2965215	2965215					
101		TOTAL	5986090	4672438	1313651		8679	734606	36731

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	25	ADULTS & PEDIATRICS	AGGREGATE				57164	14021	14021
2	26	INTENSIVE CARE UNIT	AGGREGATE				35440	11225	900560
3	37	OPERATING ROOM	AGGREGATE				12800	34200	208100
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				19497	13263	13263
5	44	LABORATORY	AGGREGATE				104	309096	309096
6	50	PHYSICAL THERAPY	WOUND CARE				5452	1268	1268
7	53	ELECTROCARDIOLOGY	AGGREGATE				104535		65100
8	53.01	CARDIAC CATH LAB	AGGREGATE				20580	13280	13280
9	53.02	CARDIAC REHABILITATION	AGGREGATE				113133	6273	6273
10	61	EMERGENCY	AGGREGATE				365901	215174	794063
11	60.02	TREATMENT CENTERS	AGGREGATE						2965215
101		TOTAL					734606	617800	5290239

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	DIETARY
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		
	0	3	4	5	5A	6	8	11
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	12444225	12444225						3
4 NEW CAP REL COSTS-MVBLE EQUIP	16947622		16947622					4
5 EMPLOYEE BENEFITS	45181716	185253	7454	45374423				5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL	57637980	2910175	6054074	6726434	73328663	73328663		6
8 OPERATION OF PLANT	17391941	1707339	261114	1829913	21190307	4788013	25978320	8
11 DIETARY	3430913	150866	117089	526562	4225430	954749	512892	5693071 11
12 CAFETERIA	143905	99212	70139	236845	550101	124297	337288	12
14 NURSING ADMINISTRATION	3817034	123164	39734	839536	4819468	1088973	418715	14
15 CENTRAL SERVICES & SUPPLY	1862329	224859	85091	362538	2534817	572750	764441	15
16 PHARMACY	5368855	89664	10134	1073963	6542616	1478324	304828	16
17 MEDICAL RECORDS & LIBRARY	4873960	76312	59034	587165	5596471	1264539	259433	17
24 PARAMED ED PRGM- EMS	102119	8769		31413	142301	32153	29811	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	43440091	2111109	724748	10132072	56408020	12745627	7177042	4733590 25
26 INTENSIVE CARE UNIT	8634179	465498	358537	2038387	11496601	2597691	1582531	271878 26
31 SUBPROVIDER I	4341892	308055	72790	1009668	5732405	1295254	1047280	513238 31
33 NURSERY	2474848	36090	50268	593402	3154608	712793	122695	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15784262	1135128	2158114	3342859	22420363	5065948	3859040	37
40 ANESTHESIOLOGY	167629	9457	132227	32189	341502	77163	32152	40
41 RADIOLOGY-DIAGNOSTIC	22057523	619806	4903564	3797194	31378087	7089973	2107126	41
43.01 ONCOLOGY	621737	307348	8267	148802	1086154	245420	1044878	43.01
44 LABORATORY	12444409	244408	484225	1662196	14835238	3352067	830901	44
46 WHOLE BLOOD & PACKED RED BLOOD	3466180	16849	10922	172668	3666619	828484	57282	46
49 RESPIRATORY THERAPY	2386653	57306	95264	477108	3016241	681529	194821	49
50 PHYSICAL THERAPY	6803814	177879	83450	1463257	8528400	1927018	604729	50
53 ELECTROCARDIOLOGY	3223378	97328	170444	661034	4152184	938198	330882	53
53.01 CARDIAC CATH LAB	2496741	43247	403248	430493	3373729	762304	147025	53.01
53.02 CARDIAC REHABILITATION	894090	159653	21672	159741	1235156	279087	542765	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	37395780				37395780	8449689		55
56 DRUGS CHARGED TO PATIENTS	13675916				13675916	3090114		56
57 RENAL DIALYSIS	992295		2227		994522	224715		57
59 LITHOTRIPSY	2138				2138	483		59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	959842	87943		219617	1267402	286373	298977	60.01
60.02 TREATMENT CENTERS	2784617	391360		1187795	4363772	986007	1330489	60.02
61 EMERGENCY	12007058	284230	463932	2565907	15321127	3461855	966285	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY	6332496	93777	28571	1417866	7872710	1778862	318810	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	372590077	12222084	16876333	43726624	370648848	67180452	25223118	5518706 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	232381	102637	1085	31588	367691	83081	348929	96
96.01 ADULT DAY CARE	434673		3011	89619	527303	119146		96.01
96.02 OTHER NRCC	348018			23675	371693	83985		96.02
96.03 FOUNDATION		16288			16288	3680	55373	96.03
96.04 CHCC	12732440				12732440	2876933		96.04
96.05 CORPORATE HEALTH	2466930	49298	19173	456202	2991603	675962	167597	96.05
96.06 MARKETING	3097296	36525	1590	152648	3288059	742947	124173	96.06
96.07 EMS CONTINUING EDUCATION	493528	8769	22393	68703	593393	134079	29811	96.07
97.01 RESIDENTIAL TREATMENT CENTER	877515			197056	1074571	242803		174365 97.01
98 PHYSICIANS' PRIVATE OFFICES	1419365	8624	22060		1450049	327643	29319	98
98.05 SCHAUMBURG MEDICAL CENTER								98.05
99 NONPAID WORKERS			658		658	149		99
99.01 GASTRO PARSONS	3166750		1319	628308	3796377	857803		99.01
99.50 OTHER CORP								99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	397858973	12444225	16947622	45374423	397858973	73328663	25978320	5693071 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
11 DIETARY								11
12 CAFETERIA	1011686							12
14 NURSING ADMINISTRATION	19892	6347048						14
15 CENTRAL SERVICES & SUPPLY	21465		3893473					15
16 PHARMACY	26096	224850		8576714				16
17 MEDICAL RECORDS & LIBRARY	27044		5		7147492			17
24 PARAMED ED PRGM- EMS	1042	8976				214283		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	315834	2721265		133408	820487		85055273	25
26 INTENSIVE CARE UNIT	52515	452482		20157	120459		16594314	26
31 SUBPROVIDER I	15350	132262			213		8834693	31
33 NURSERY	15397	132666		3255	33284		4174698	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	98764	850974		39464	572482		32907035	37
40 ANESTHESIOLOGY	1662	14317		6819	73471		547086	40
41 RADIOLOGY-DIAGNOSTIC	112000			20256	1788532		42495974	41
43.01 ONCOLOGY	4204	36218		1029	17631		2435534	43.01
44 LABORATORY	69230			5	950468		20037909	44
46 WHOLE BLOOD & PACKED RED BLOOD	5704			52	85908		4644049	46
49 RESPIRATORY THERAPY	14663			27264	36825		3971343	49
50 PHYSICAL THERAPY	45082			1199	115577		11222005	50
53 ELECTROCARDIOLOGY	22007	189619		325	261195		5894410	53
53.01 CARDIAC CATH LAB	11011	94877		693	267520		4657159	53.01
53.02 CARDIAC REHABILITATION	4641	39988		39	10289		2111965	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			3880951	16336	1166001		50908757	55
56 DRUGS CHARGED TO PATIENTS				8145157	376412		25287599	56
57 RENAL DIALYSIS					22361		1241598	57
59 LITHOTRIPSY					66		2687	59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	7813				12695		1873260	60.01
60.02 TREATMENT CENTERS		215066		1436	37676		6934446	60.02
61 EMERGENCY	86185	914255		36706	279462	214283	21280158	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY		319233	8676	3760			10302051	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	977601	6347048	3889632	8457573	7147492	214283	363414003	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2229		273				802203	96
96.01 ADULT DAY CARE	3485		126	148			650208	96.01
96.02 OTHER NRCC	1255						456933	96.02
96.03 FOUNDATION							75341	96.03
96.04 CHCC							15609373	96.04
96.05 CORPORATE HEALTH	12110		2415	118938			3968625	96.05
96.06 MARKETING	4912		6				4160097	96.06
96.07 EMS CONTINUING EDUCATION				55			757338	96.07
97.01 RESIDENTIAL TREATMENT CENTER	9063						1500802	97.01
98 PHYSICIANS' PRIVATE OFFICES							1807011	98
SCHAUMBURG MEDICAL CENTER								
99 NONPAID WORKERS							807	99
99.01 GASTRO PARSONS	1031		1021				4656232	99.01
99.50 OTHER CORP								99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1011686	6347048	3893473	8576714	7147492	214283	397858973	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	GENERAL OVERHEAD		5.01
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
24	PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	85055273	25
26	INTENSIVE CARE UNIT	16594314	26
31	SUBPROVIDER I	8834693	31
33	NURSERY	4174698	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	32907035	37
40	ANESTHESIOLOGY	547086	40
41	RADIOLOGY-DIAGNOSTIC	42495974	41
43.01	ONCOLOGY	2435534	43.01
44	LABORATORY	20037909	44
46	WHOLE BLOOD & PACKED RED BLOOD	4644049	46
49	RESPIRATORY THERAPY	3971343	49
50	PHYSICAL THERAPY	11222005	50
53	ELECTROCARDIOLOGY	5894410	53
53.01	CARDIAC CATH LAB	4657159	53.01
53.02	CARDIAC REHABILITATION	2111965	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	50908757	55
56	DRUGS CHARGED TO PATIENTS	25287599	56
57	RENAL DIALYSIS	1241598	57
59	LITHOTRIPSY	2687	59
OUTPATIENT SERVICE COST CENTERS			
60.01	PARTIAL HOSPITALIZATION PROGRAM	1873260	60.01
60.02	TREATMENT CENTERS	6934446	60.02
61	EMERGENCY	21280158	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		62
71	HOME HEALTH AGENCY	10302051	71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	363414003	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	802203	96
96.01	ADULT DAY CARE	650208	96.01
96.02	OTHER NRCC	456933	96.02
96.03	FOUNDATION	75341	96.03
96.04	CHCC	15609373	96.04
96.05	CORPORATE HEALTH	3968625	96.05
96.06	MARKETING	4160097	96.06
96.07	EMS CONTINUING EDUCATION	757338	96.07
97.01	RESIDENTIAL TREATMENT CENTER	1500802	97.01
98	PHYSICIANS' PRIVATE OFFICES	1807011	98
98.05	SCHAUMBURG MEDICAL CENTER		98.05
99	NONPAID WORKERS	807	99
99.01	GASTRO PARSONS	4656232	99.01
99.50	OTHER CORP		99.50
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	397858973	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	DIETARY 11
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	88	185253	7454	192795	192795			5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL	849825	2910175	6054074	9814074	28578	9842652		6
8 OPERATION OF PLANT	32807	1707339	261114	2001260	7775	642681	2651716	8
11 DIETARY	3930	150866	117089	271885	2237	128153	52353	454628 11
12 CAFETERIA		99212	70139	169351	1006	16684	34428	12
14 NURSING ADMINISTRATION	88	123164	39734	162986	3567	146170	42740	14
15 CENTRAL SERVICES & SUPPLY		224859	85091	309950	1540	76878	78030	15
16 PHARMACY		89664	10134	99798	4563	198431	31115	16
17 MEDICAL RECORDS & LIBRARY	88	76312	59034	135434	2495	169735	26481	17
24 PARAMED ED PRGM- EMS		8769		8769	133	4316	3043	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	3243	2111109	724748	2839100	43061	1710770	732591	378008 25
26 INTENSIVE CARE UNIT	88	465498	358537	824123	8660	348680	161536	21711 26
31 SUBPROVIDER I	620	308055	72790	381465	4290	173858	106900	40985 31
33 NURSERY	88	36090	50268	86446	2521	95676	12524	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	214827	1135128	2158114	3508069	14203	679987	393908	37
40 ANESTHESIOLOGY		9457	132227	141684	137	10357	3282	40
41 RADIOLOGY-DIAGNOSTIC	1374532	619806	4903564	6897902	16133	951666	215083	41
43.01 ONCOLOGY	88	307348	8267	315703	632	32942	106655	43.01
44 LABORATORY	31053	244408	484225	759686	7062	449938	84814	44
46 WHOLE BLOOD & PACKED RED BLOOD		16849	10922	27771	734	111205	5847	46
49 RESPIRATORY THERAPY	17432	57306	95264	170002	2027	91480	19886	49
50 PHYSICAL THERAPY	556851	177879	83450	818180	6217	258658	61727	50
53 ELECTROCARDIOLOGY		97328	170444	267772	2809	125932	33775	53
53.01 CARDIAC CATH LAB	88	43247	403248	446583	1829	102322	15007	53.01
53.02 CARDIAC REHABILITATION	154400	159653	21672	335725	679	37461	55402	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	236137			236137		1134177		55
56 DRUGS CHARGED TO PATIENTS	608728			608728		414777		56
57 RENAL DIALYSIS			2227	2227		30163		57
59 LITHOTRIPSY						65		59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM		87943		87943	933	38439	30518	60.01
60.02 TREATMENT CENTERS	113262	391360		504622	5047	132349	135809	60.02
61 EMERGENCY	7352	284230	463932	755514	10902	464674	98633	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY	88	93777	28571	122436	6024	238771	32542	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	4205703	12222084	16876333	33304120	185794	9017395	2574629	440704 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		102637	1085	103722	134	11152	35617	96
96.01 ADULT DAY CARE			3011	3011	381	15993		96.01
96.02 OTHER NRCC					101	11273		96.02
96.03 FOUNDATION		16288		16288		494	5652	96.03
96.04 CHCC						386162		96.04
96.05 CORPORATE HEALTH	49579	49298	19173	118050	1938	90732	17107	96.05
96.06 MARKETING	81	36525	1590	38196	649	99724	12675	96.06
96.07 EMS CONTINUING EDUCATION	88	8769	22393	31250	292	17997	3043	96.07
97.01 RESIDENTIAL TREATMENT CENTER	88			88	837	32591		13924 97.01
98 PHYSICIANS' PRIVATE OFFICES		8624	22060	30684		43979	2993	98
98.05 SCHAUMBURG MEDICAL CENTER								98.05
99 NONPAID WORKERS			658	658		20		99
99.01 GASTRO PARSONS	45798	1319		47117	2669	115140		99.01
99.50 OTHER CORP								99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4301337	12444225	16947622	33693184	192795	9842652	2651716	454628 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
11 DIETARY								11
12 CAFETERIA	221469							12
14 NURSING ADMINISTRATION	4355	359818						14
15 CENTRAL SERVICES & SUPPLY	4699		471097					15
16 PHARMACY	5713	12747		352367				16
17 MEDICAL RECORDS & LIBRARY	5920		1		340066			17
24 PARAMED ED PRGM- EMS	228	509				16998		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	69137	154269		5481	39037		5971454	25
26 INTENSIVE CARE UNIT	11496	25651		828	5731		1408416	26
31 SUBPROVIDER I	3360	7498		9	4696		723061	31
33 NURSERY	3371	7521		134	1584		209777	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	21621	48242		1621	27238		4694889	37
40 ANESTHESIOLOGY	364	812		280	3496		160412	40
41 RADIOLOGY-DIAGNOSTIC	24518			832	85096		8191230	41
43.01 ONCOLOGY	920	2053		42	839		459786	43.01
44 LABORATORY	15155				45221		1361876	44
46 WHOLE BLOOD & PACKED RED BLOOD	1249			2	4087		150895	46
49 RESPIRATORY THERAPY	3210			1120	1752		289477	49
50 PHYSICAL THERAPY	9869			49	5499		1160199	50
53 ELECTROCARDIOLOGY	4818	10750		13	12427		458296	53
53.01 CARDIAC CATH LAB	2411	5379		28	12728		586287	53.01
53.02 CARDIAC REHABILITATION	1016	2267		2	490		433042	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			469581	671	55476		1896042	55
56 DRUGS CHARGED TO PATIENTS				334639	17909		1376053	56
57 RENAL DIALYSIS					1064		33454	57
59 LITHOTRIPSY					3		68	59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	1710				604		160147	60.01
60.02 TREATMENT CENTERS		12192		59	1793		791871	60.02
61 EMERGENCY	18867	51830		1508	13296		1415224	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY		18098	1050	154			419075	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	214007	359818	470632	347472	340066		32351031	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	488		33				151146	96
96.01 ADULT DAY CARE	763		15	6			20169	96.01
96.02 OTHER NRCC	275						11649	96.02
96.03 FOUNDATION							22434	96.03
96.04 CHCC							386162	96.04
96.05 CORPORATE HEALTH	2651		292	4887			235657	96.05
96.06 MARKETING	1075		1				152320	96.06
96.07 EMS CONTINUING EDUCATION				2			52584	96.07
97.01 RESIDENTIAL TREATMENT CENTER	1984						49424	97.01
98 PHYSICIANS' PRIVATE OFFICES							77656	98
98.05 SCHAUMBURG MEDICAL CENTER								98.05
99 NONPAID WORKERS							678	99
99.01 GASTRO PARSONS	226		124				165276	99.01
99.50 OTHER CORP								99.50
101 CROSS FOOT ADJUSTMENTS						16998	16998	101
102 NEGATIVE COST CENTER								102
103 TOTAL	221469	359818	471097	352367	340066	16998	33693184	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
5.01 GENERAL OVERHEAD		5.01
6 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
24 PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	5971454	25
26 INTENSIVE CARE UNIT	1408416	26
31 SUBPROVIDER I	723061	31
33 NURSERY	209777	33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	4694889	37
40 ANESTHESIOLOGY	160412	40
41 RADIOLOGY-DIAGNOSTIC	8191230	41
43.01 ONCOLOGY	459786	43.01
44 LABORATORY	1361876	44
46 WHOLE BLOOD & PACKED RED BLOOD	150895	46
49 RESPIRATORY THERAPY	289477	49
50 PHYSICAL THERAPY	1160199	50
53 ELECTROCARDIOLOGY	458296	53
53.01 CARDIAC CATH LAB	586287	53.01
53.02 CARDIAC REHABILITATION	433042	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1896042	55
56 DRUGS CHARGED TO PATIENTS	1376053	56
57 RENAL DIALYSIS	33454	57
59 LITHOTRIPSY	68	59
OUTPATIENT SERVICE COST CENTERS		
60.01 PARTIAL HOSPITALIZATION PROGRAM	160147	60.01
60.02 TREATMENT CENTERS	791871	60.02
61 EMERGENCY	1415224	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		62
71 HOME HEALTH AGENCY	419075	71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	32351031	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	151146	96
96.01 ADULT DAY CARE	20169	96.01
96.02 OTHER NRCC	11649	96.02
96.03 FOUNDATION	22434	96.03
96.04 CHCC	386162	96.04
96.05 CORPORATE HEALTH	235657	96.05
96.06 MARKETING	152320	96.06
96.07 EMS CONTINUING EDUCATION	52584	96.07
97.01 RESIDENTIAL TREATMENT CENTER	49424	97.01
98 PHYSICIANS' PRIVATE OFFICES	77656	98
98.05 SCHAUMBURG MEDICAL CENTER		98.05
99 NONPAID WORKERS	678	99
99.01 GASTRO PARSONS	165276	99.01
99.50 OTHER CORP		99.50
101 CROSS FOOT ADJUSTMENTS	16998	101
102 NEGATIVE COST CENTER		102
103 TOTAL	33693184	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION	DIETARY
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	11
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	686855						3
4 NEW CAP REL COSTS-MVBLE EQUIP		16794862					4
5 EMPLOYEE BENEFITS	10225	7387	172588785				5
5.01 GENERAL OVERHEAD							5.01
6 ADMINISTRATIVE & GENERAL	160626	5999508	25585037	-73328663	324530310		6
8 OPERATION OF PLANT	94236	258760	6960358		21190307	421768	8
11 DIETARY	8327	116034	2002861		4225430	8327	306684 11
12 CAFETERIA	5476	69507	900877		550101	5476	12
14 NURSING ADMINISTRATION	6798	39376	3193304		4819468	6798	14
15 CENTRAL SERVICES & SUPPLY	12411	84324	1378970		2534817	12411	15
16 PHARMACY	4949	10043	4084985		6542616	4949	16
17 MEDICAL RECORDS & LIBRARY	4212	58502	2233372		5596471	4212	17
24 PARAMED ED PRGM- EMS	484		119485		142301	484	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	116522	718215	38539035		56408020	116522	254997 25
26 INTENSIVE CARE UNIT	25693	355305	7753322		11496601	25693	14646 26
31 SUBPROVIDER I	17003	72134	3840428		5732405	17003	27648 31
33 NURSERY	1992	49815	2257098		3154608	1992	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	62653	2138661	12715085		22420363	62653	37
40 ANESTHESIOLOGY	522	131035	122437		341502	522	40
41 RADIOLOGY-DIAGNOSTIC	34210	4859363	14443216		31378087	34210	41
43.01 ONCOLOGY	16964	8192	565991		1086154	16964	43.01
44 LABORATORY	13490	479860	6322421		14835238	13490	44
46 WHOLE BLOOD & PACKED RED BLOO	930	10824	656768		3666619	930	46
49 RESPIRATORY THERAPY	3163	94405	1814754		3016241	3163	49
50 PHYSICAL THERAPY	9818	82698	5565725		8528400	9818	50
53 ELECTROCARDIOLOGY	5372	168908	2514346		4152184	5372	53
53.01 CARDIAC CATH LAB	2387	399613	1637446		3373729	2387	53.01
53.02 CARDIAC REHABILITATION	8812	21477	607600		1235156	8812	53.02
55 MEDICAL SUPPLIES CHARGED TO P					37395780		55
56 DRUGS CHARGED TO PATIENTS					13675916		56
57 RENAL DIALYSIS		2207			994522		57
59 LITHOTRIPSY					2138		59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR	4854		835348		1267402	4854	60.01
60.02 TREATMENT CENTERS	21601		4517963		4363772	21601	60.02
61 EMERGENCY	15688	459750	9759826		15321127	15688	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY	5176	28313	5393072		7872710	5176	71
95 SPECIAL PURPOSE COST CENTERS SUBTOTALS	674594	16724216	166321130	-73328663	297320185	409507	297291 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	5665	1075	120150		367691	5665	96
96.01 ADULT DAY CARE		2984	340878		527303		96.01
96.02 OTHER NRCC			90050		371693		96.02
96.03 FOUNDATION	899				16288	899	96.03
96.04 CHCC					12732440		96.04
96.05 CORPORATE HEALTH	2721	19000	1735234		2991603	2721	96.05
96.06 MARKETING	2016	1576	580619		3288059	2016	96.06
96.07 EMS CONTINUING EDUCATION	484	22191	261324		593393	484	96.07
97.01 RESIDENTIAL TREATMENT CENTER			749533		1074571		9393 97.01
98 PHYSICIANS' PRIVATE OFFICES	476	21861			1450049	476	98
98.05 SCHAUMBURG MEDICAL CENTER							98.05
99 NONPAID WORKERS		652			658		99
99.01 GASTRO PARSONS		1307	2389867		3796377		99.01
99.50 OTHER CORP							99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	12444225	16947622	45374423		73328663	25978320	5693071 103
104 UNIT COST MULT-WS B PT I		1.009096				61.593862	104
104 UNIT COST MULT-WS B PT I	18.117689		.262905		.225953		18.563313 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			192795		9842652	2651716	454628 107
108 UNIT COST MULT-WS B PT III						6.287144	108
108 UNIT COST MULT-WS B PT III			.001117		.030329		1.482399 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMED	
	MEALS SERVED	ADMINIS- TRATION (NSG VP FTES)	SERVICES & SUPPLY COSTED REQUIS.	GROSS REVENUE	RECORDS + LIBRARY GROSS REVENUE	EDUCATION EMS ASSIGNED TIME	
	12	14	15	16	17	24	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
5.01 GENERAL OVERHEAD							5.01
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
11 DIETARY							11
12 CAFETERIA	194226						12
14 NURSING ADMINISTRATION	3819	141422					14
15 CENTRAL SERVICES & SUPPLY	4121		37516440				15
16 PHARMACY	5010	5010		14530275			16
17 MEDICAL RECORDS & LIBRARY	5192		48		1227575272		17
24 PARAMED ED PRGM- EMS	200	200				1000	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	60634	60634		226014	140928804		25
26 INTENSIVE CARE UNIT	10082	10082		34149	20690370		26
31 SUBPROVIDER I	2947	2947		361	16951372		31
33 NURSERY	2956	2956		5515	5716981		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18961	18961		66858	98330843		37
40 ANESTHESIOLOGY	319	319		11553	12619545		40
41 RADIOLOGY-DIAGNOSTIC	21502			34316	307108002		41
43.01 ONCOLOGY	807	807		1743	3028311		43.01
44 LABORATORY	13291			8	163254473		44
46 WHOLE BLOOD & PACKED RED BLOO	1095			88	14755784		46
49 RESPIRATORY THERAPY	2815			46190	6325120		49
50 PHYSICAL THERAPY	8655			2032	19851812		50
53 ELECTROCARDIOLOGY	4225	4225		550	44863461		53
53.01 CARDIAC CATH LAB	2114	2114		1174	45949819		53.01
53.02 CARDIAC REHABILITATION	891	891		66	1767291		53.02
55 MEDICAL SUPPLIES CHARGED TO P			37395780	27676	200274950		55
56 DRUGS CHARGED TO PATIENTS				13799150	64653446		56
57 RENAL DIALYSIS					3840809		57
59 LITHOTRIPSY					11282		59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR	1500				2180487		60.01
60.02 TREATMENT CENTERS		4792		2433	6471341		60.02
61 EMERGENCY	16546	20371		62185	48000969	1000	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY		7113	83599	6370			71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	187682	141422	37479427	14328431	1227575272	1000	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	428		2626				96
96.01 ADULT DAY CARE	669		1218	251			96.01
96.02 OTHER NRCC	241						96.02
96.03 FOUNDATION							96.03
96.04 CHCC							96.04
96.05 CORPORATE HEALTH	2325		23273	201499			96.05
96.06 MARKETING	943		58				96.06
96.07 EMS CONTINUING EDUCATION				94			96.07
97.01 RESIDENTIAL TREATMENT CENTER	1740						97.01
98 PHYSICIANS' PRIVATE OFFICES							98
98.05 SCHAUMBURG MEDICAL CENTER							98.05
99 NONPAID WORKERS							99
99.01 GASTRO PARSONS	198		9838				99.01
99.50 OTHER CORP							99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1011686	6347048	3893473	8576714	7147492	214283	103
104 UNIT COST MULT-WS B PT I	5.208808		.103780		.005822		104
104 UNIT COST MULT-WS B PT I		44.880203		.590265		214.283000	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	221469	359818	471097	352367	340066	16998	107
108 UNIT COST MULT-WS B PT III	1.140264		.012557		.000277		108
108 UNIT COST MULT-WS B PT III		2.544286		.024251		16.998000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	85055273		85055273	14021	85069294	25
26 INTENSIVE CARE UNIT	16594314		16594314	11225	16605539	26
31 SUBPROVIDER I	8834693		8834693		8834693	31
33 NURSERY	4174698		4174698		4174698	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	32907035		32907035	34200	32941235	37
40 ANESTHESIOLOGY	547086		547086		547086	40
41 RADIOLOGY-DIAGNOSTIC	42495974		42495974	13263	42509237	41
43.01 ONCOLOGY	2435534		2435534		2435534	43.01
44 LABORATORY	20037909		20037909	309096	20347005	44
46 WHOLE BLOOD & PACKED RED BL	4644049		4644049		4644049	46
49 RESPIRATORY THERAPY	3971343		3971343		3971343	49
50 PHYSICAL THERAPY	11222005		11222005	1268	11223273	50
53 ELECTROCARDIOLOGY	5894410		5894410		5894410	53
53.01 CARDIAC CATH LAB	4657159		4657159	13280	4670439	53.01
53.02 CARDIAC REHABILITATION	2111965		2111965	6273	2118238	53.02
55 MEDICAL SUPPLIES CHARGED TO	50908757		50908757		50908757	55
56 DRUGS CHARGED TO PATIENTS	25287599		25287599		25287599	56
57 RENAL DIALYSIS	1241598		1241598		1241598	57
59 LITHOTRIPSY	2687		2687		2687	59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO	1873260		1873260		1873260	60.01
60.02 TREATMENT CENTERS	6934446		6934446		6934446	60.02
61 EMERGENCY	21280158		21280158	215174	21495332	61
62 OBSERVATION BEDS (NON-DISTI	5410340		5410340		5410340	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	358522292		358522292	617800	359140092	101
102 LESS OBSERVATION BEDS	5410340		5410340		5410340	102
103 TOTAL	353111952		353111952	617800	353729752	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	132444795		132444795			25
26 INTENSIVE CARE UNIT	20690370		20690370			26
31 SUBPROVIDER I	16951372		16951372			31
33 NURSERY	5716981		5716981			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	46633326	51697517	98330843	.334656	.334656	.335004 37
40 ANESTHESIOLOGY	7852987	4766558	12619545	.043352	.043352	.043352 40
41 RADIOLOGY-DIAGNOSTIC	90977406	216130596	307108002	.138375	.138375	.138418 41
43.01 ONCOLOGY	24744	3003567	3028311	.804255	.804255	.804255 43.01
44 LABORATORY	74860466	88394007	163254473	.122740	.122740	.124634 44
46 WHOLE BLOOD & PACKED RED BL	11581353	3174431	14755784	.314727	.314727	.314727 46
49 RESPIRATORY THERAPY	4894957	1430163	6325120	.627868	.627868	.627868 49
50 PHYSICAL THERAPY	7184354	12667458	19851812	.565289	.565289	.565353 50
53 ELECTROCARDIOLOGY	21286372	23577089	44863461	.131386	.131386	.131386 53
53.01 CARDIAC CATH LAB	32505433	13444386	45949819	.101353	.101353	.101642 53.01
53.02 CARDIAC REHABILITATION	969	1766322	1767291	1.195030	1.195030	1.198579 53.02
55 MEDICAL SUPPLIES CHARGED TO	148841322	51433628	200274950	.254194	.254194	.254194 55
56 DRUGS CHARGED TO PATIENTS	48786388	15867058	64653446	.391125	.391125	.391125 56
57 RENAL DIALYSIS	3788371	52438	3840809	.323265	.323265	.323265 57
59 LITHOTRIPSY		11282	11282	.238167	.238167	.238167 59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO		2180487	2180487	.859102	.859102	.859102 60.01
60.02 TREATMENT CENTERS	32751	6438590	6471341	1.071562	1.071562	1.071562 60.02
61 EMERGENCY	18647307	29353662	48000969	.443328	.443328	.447810 61
62 OBSERVATION BEDS (NON-DISTI		8484009	8484009	.637710	.637710	.637710 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	693702024	533873248	1227575272			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	693702024	533873248	1227575272			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				5971454		5971454
26 INTENSIVE CARE UNIT				1408416		1408416
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				723061		723061
33 NURSERY				209777		209777
101 TOTAL				8312708		8312708

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	90772	48314			65.79	3178578
26 INTENSIVE CARE UNIT	9764	5267			144.25	759765
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	9216	2174			78.46	170572
33 NURSERY	8890				23.60	
101 TOTAL	118642	55755				4108915

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4694889	98330843	23873616		.047746	1139870	37
40 ANESTHESIOLOGY		160412	12619545	3736604		.012711	47496	40
41 RADIOLOGY-DIAGNOSTIC		8191230	307108002	53335380		.026672	1422561	41
43.01 ONCOLOGY		459786	3028311	22805		.151829	3462	43.01
44 LABORATORY		1361876	163254473	43067870		.008342	359272	44
46 WHOLE BLOOD & PACKED RED BLOO		150895	14755784	6558455		.010226	67067	46
49 RESPIRATORY THERAPY		289477	6325120	2910808		.045766	133216	49
50 PHYSICAL THERAPY		1160199	19851812	5272008		.058443	308112	50
53 ELECTROCARDIOLOGY		458296	44863461	13989169		.010215	142899	53
53.01 CARDIAC CATH LAB		586287	45949819	17956649		.012759	229109	53.01
53.02 CARDIAC REHABILITATION		433042	1767291	277		.245032	68	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1896042	200274950	78773229		.009467	745746	55
56 DRUGS CHARGED TO PATIENTS		1376053	64653446	26129419		.021284	556139	56
57 RENAL DIALYSIS		33454	3840809	2619503		.008710	22816	57
59 LITHOTRIPSY		68	11282			.006027		59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		160147	2180487			.073446		60.01
60.02 TREATMENT CENTERS		791871	6471341	22792		.122366	2789	60.02
61 EMERGENCY		1415224	48000969	10558855		.029483	311307	61
62 OBSERVATION BEDS (NON-DISTINC		379779	8484009			.044764		62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		23999027	1051771754	288827439			5491929	101

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
 02/24/2009 16:22

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		
	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
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
02/24/2009 16:22

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	
25	INPAT ROUTINE SERV COST CTRS					25
	ADULTS & PEDIATRICS	90772		48314		26
26	INTENSIVE CARE UNIT	9764		5267		27
27	CORONARY CARE UNIT					28
28	BURN INTENSIVE CARE UNIT					29
29	SURGICAL INTENSIVE CARE UNIT					30
30	OTHER SPECIAL CARE (SPECIFY)					31
31	SUBPROVIDER I	9216		2174		33
33	NURSERY	8890				34
34	SKILLED NURSING FACILITY					35
35	NURSING FACILITY					101
101	TOTAL	118642		55755		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				214283			214283 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				214283			214283 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] 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		98330843			23873616		17292460 37
40 ANESTHESIOLOGY		12619545			3736604		1309246 40
41 RADIOLOGY-DIAGNOSTIC		307108002			53335380		74742631 41
43.01 ONCOLOGY		3028311			22805		1450627 43.01
44 LABORATORY		163254473			43067870		4115986 44
46 WHOLE BLOOD & PACKED RED BLOO		14755784			6558455		613000 46
49 RESPIRATORY THERAPY		6325120			2910808		585137 49
50 PHYSICAL THERAPY		19851812			5272008		147542 50
53 ELECTROCARDIOLOGY		44863461			13989169		7513161 53
53.01 CARDIAC CATH LAB		45949819			17956649		6745833 53.01
53.02 CARDIAC REHABILITATION		1767291			277		809743 53.02
55 MEDICAL SUPPLIES CHARGED TO P		200274950			78773229		17026517 55
56 DRUGS CHARGED TO PATIENTS		64653446			26129419		5572524 56
57 RENAL DIALYSIS		3840809			2619503		52000 57
59 LITHOTRIPSY		11282					59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2180487					60.01
60.02 TREATMENT CENTERS		6471341			22792		60.02
61 EMERGENCY	214283	48000969	.004464	.004464	10558855	47135	5931374 61
62 OBSERVATION BEDS (NON-DISTINC		8484009					2071196 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	214283	1051771754			288827439	47135	146379904 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 LITHOTRIPSY					59
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY			26478		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
101 TOTAL			26478		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] 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	.334656	.334656	.334656			37
40 ANESTHESIOLOGY	.043352	.043352	.043352			40
41 RADIOLOGY-DIAGNOSTIC	.138375	.138375	.138375			41
43.01 ONCOLOGY	.804255	.804255	.804255			43.01
44 LABORATORY	.122740	.122740	.122740			44
46 WHOLE BLOOD & PACKED RED BLOOD	.314727	.314727	.314727			46
49 RESPIRATORY THERAPY	.627868	.627868	.627868			49
50 PHYSICAL THERAPY	.565289	.565289	.565289			50
53 ELECTROCARDIOLOGY	.131386	.131386	.131386			53
53.01 CARDIAC CATH LAB	.101353	.101353	.101353			53.01
53.02 CARDIAC REHABILITATION	1.195030	1.195030	1.195030			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.254194	.254194	.254194			55
56 DRUGS CHARGED TO PATIENTS	.391125	.391125	.391125			56
57 RENAL DIALYSIS	.323265	.323265	.323265			57
59 LITHOTRIPSY	.238167	.238167	.238167			59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	.859102	.859102	.859102			60.01
60.02 TREATMENT CENTERS	1.071562	1.071562	1.071562			60.02
61 EMERGENCY	.443328	.443328	.443328			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.637710	.637710	.637710			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	.391125	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 [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		17292460						37
40 ANESTHESIOLOGY		1309246						40
41 RADIOLOGY-DIAGNOSTIC		74742631						41
43.01 ONCOLOGY		1450627						43.01
44 LABORATORY		4115986						44
46 WHOLE BLOOD & PACKED RED BLOOD		613000						46
49 RESPIRATORY THERAPY		585137						49
50 PHYSICAL THERAPY		147542						50
53 ELECTROCARDIOLOGY		7513161						53
53.01 CARDIAC CATH LAB		6745833						53.01
53.02 CARDIAC REHABILITATION		809743						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		17026517						55
56 DRUGS CHARGED TO PATIENTS		5572524						56
57 RENAL DIALYSIS		52000						57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRA								60.01
60.02 TREATMENT CENTERS		400927						60.02
61 EMERGENCY		5931374						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		2071196						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		146379904						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		146379904						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] 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)	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		5787025					37
40 ANESTHESIOLOGY		56758					40
41 RADIOLOGY-DIAGNOSTIC		10342512					41
43.01 ONCOLOGY		1166674					43.01
44 LABORATORY		505196					44
46 WHOLE BLOOD & PACKED RED BLOOD		192928					46
49 RESPIRATORY THERAPY		367389					49
50 PHYSICAL THERAPY		83404					50
53 ELECTROCARDIOLOGY		987124					53
53.01 CARDIAC CATH LAB		683710					53.01
53.02 CARDIAC REHABILITATION		967667					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		4328038					55
56 DRUGS CHARGED TO PATIENTS		2179553					56
57 RENAL DIALYSIS		16810					57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGRAM							60.01
60.02 TREATMENT CENTERS		429618					60.02
61 EMERGENCY		2629544					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		1320822					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		32044772					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		32044772					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4694889	98330843				.047746	37
40 ANESTHESIOLOGY		160412	12619545				.012711	40
41 RADIOLOGY-DIAGNOSTIC		8191230	307108002	88168			.026672	2352 41
43.01 ONCOLOGY		459786	3028311				.151829	43.01
44 LABORATORY		1361876	163254473	364792			.008342	3043 44
46 WHOLE BLOOD & PACKED RED BLOO		150895	14755784				.010226	46
49 RESPIRATORY THERAPY		289477	6325120	1245			.045766	57 49
50 PHYSICAL THERAPY		1160199	19851812	10871			.058443	635 50
53 ELECTROCARDIOLOGY		458296	44863461	33410			.010215	341 53
53.01 CARDIAC CATH LAB		586287	45949819				.012759	53.01
53.02 CARDIAC REHABILITATION		433042	1767291				.245032	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1896042	200274950	17300			.009467	164 55
56 DRUGS CHARGED TO PATIENTS		1376053	64653446	289607			.021284	6164 56
57 RENAL DIALYSIS		33454	3840809	7074			.008710	62 57
59 LITHOTRIPSY		68	11282				.006027	59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		160147	2180487				.073446	60.01
60.02 TREATMENT CENTERS		791871	6471341				.122366	60.02
61 EMERGENCY		1415224	48000969	134842			.029483	3976 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		379779	8484009				.044764	62
101 TOTAL		23999027	1051771754	947309				16794 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				214283			214283 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				214283			214283 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		98330843					37
40 ANESTHESIOLOGY		12619545					40
41 RADIOLOGY-DIAGNOSTIC		307108002			88168		41
43.01 ONCOLOGY		3028311					43.01
44 LABORATORY		163254473			364792		44
46 WHOLE BLOOD & PACKED RED BLOO		14755784					46
49 RESPIRATORY THERAPY		6325120			1245		49
50 PHYSICAL THERAPY		19851812			10871		50
53 ELECTROCARDIOLOGY		44863461			33410		53
53.01 CARDIAC CATH LAB		45949819					53.01
53.02 CARDIAC REHABILITATION		1767291					53.02
55 MEDICAL SUPPLIES CHARGED TO P		200274950			17300		55
56 DRUGS CHARGED TO PATIENTS		64653446			289607		56
57 RENAL DIALYSIS		3840809			7074		57
59 LITHOTRIPSY		11282					59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2180487					60.01
60.02 TREATMENT CENTERS		6471341					60.02
61 EMERGENCY	214283	48000969	.004464	.004464	134842	602	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		8484009					62
101 TOTAL	214283	1051771754			947309	602	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S252)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 LITHOTRIPSY					59
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0252)	SUB I (TEFRA) (14-S252)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	90772	9216					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	90772	9216					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	90772	9216					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)	48314	2174					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) (14-0252)	SUB I (TEFRA) (14-S252)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	85069294	8834693					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	85069294	8834693					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60034794	4005329					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.417000	2.205735					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	85069294	8834693					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) (14-0252)	SUB I (TEFRA) (14-S252)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	937.18	958.63				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	45278915	2084062				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	45278915	2084062				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	16605539	9764	1700.69	5267	8957534	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) (14-0252)	SUB I (TEFRA) (14-S252)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	67307249	248029				48
49 TOTAL PROGRAM INPATIENT COSTS	121543698	2332091				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3938343	170572				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5539064	17396				51
52 TOTAL PROGRAM EXCLUDABLE COST	9477407	187968				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	112066291	2144123				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) (14-0252)	SUB I (TEFRA) (14-S252)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		253				54
55		12686.09				55
56		3209581				56
57		1065458				57
58		64192				58
58.01		10119.19				58.01
58.02		9811.53				58.02
58.03		32096				58.03
58.04						58.04
59		2428379				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
02/24/2009 16:22

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (14-0252)(14-S252)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5773	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	937.18	84
85 OBSERVATION BED COST	5410340	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		85069294		5410340		86
87 NEW CAPITAL-RELATED COST	5971454	85069294	.070195	5410340	379779	87
88 NON PHYSICIAN ANESTHETIST		85069294		5410340		88
89 NURSING SCHOOL		85069294		5410340		89
89.01 ALLIED HEALTH		85069294		5410340		89.01
89.02 ALL OTHER		85069294		5410340		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0252) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		67621408		25
26 INTENSIVE CARE UNIT		11486275		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.335004	23873616	7997757	37
40 ANESTHESIOLOGY	.043352	3736604	161989	40
41 RADIOLOGY-DIAGNOSTIC	.138418	53335380	7382577	41
43.01 ONCOLOGY	.804255	22805	18341	43.01
44 LABORATORY	.124634	43067870	5367721	44
46 WHOLE BLOOD & PACKED RED BLOOD	.314727	6558455	2064123	46
49 RESPIRATORY THERAPY	.627868	2910808	1827603	49
50 PHYSICAL THERAPY	.565353	5272008	2980546	50
53 ELECTROCARDIOLOGY	.131386	13989169	1837981	53
53.01 CARDIAC CATH LAB	.101642	17956649	1825150	53.01
53.02 CARDIAC REHABILITATION	1.198579	277	332	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.254194	78773229	20023682	55
56 DRUGS CHARGED TO PATIENTS	.391125	26129419	10219869	56
57 RENAL DIALYSIS	.323265	2619503	846794	57
59 LITHOTRIPSY	.238167			59
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.859102			60.01
60.02 TREATMENT CENTERS	1.071562	22792	24423	60.02
61 EMERGENCY	.447810	10558855	4728361	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.637710			62
101 TOTAL		288827439	67307249	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		288827439		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S252)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		4005329		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.334656			37
40 ANESTHESIOLOGY	.043352			40
41 RADIOLOGY-DIAGNOSTIC	.138375	88168	12200	41
43.01 ONCOLOGY	.804255			43.01
44 LABORATORY	.122740	364792	44775	44
46 WHOLE BLOOD & PACKED RED BLOOD	.314727			46
49 RESPIRATORY THERAPY	.627868	1245	782	49
50 PHYSICAL THERAPY	.565289	10871	6145	50
53 ELECTROCARDIOLOGY	.131386	33410	4390	53
53.01 CARDIAC CATH LAB	.101353			53.01
53.02 CARDIAC REHABILITATION	1.195030			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.254194	17300	4398	55
56 DRUGS CHARGED TO PATIENTS	.391125	289607	113273	56
57 RENAL DIALYSIS	.323265	7074	2287	57
59 LITHOTRIPSY	.238167			59
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.859102			60.01
60.02 TREATMENT CENTERS	1.071562			60.02
61 EMERGENCY	.443328	134842	59779	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.637710			62
101 TOTAL		947309	248029	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		947309		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	22119452					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	64472498					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2627731					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	383.23					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	89219681					6
7						7
7.01						7.01
8	89219681					8
9	7775479					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15	47135					15
16	97042295					16
17	45379					17
18	96996916					18
19	8254368					19
20	154784					20
21	820194					21
21.01	574136					21.01
21.02	471592					21.02
22	89161900					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	89161900					26
27						27
28	88893617					28
28.01						28.01
29	268283					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252) 1	HOSPITAL (14-0252) 1.01	HOSPITAL (14-0252) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	32018294			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	26671914			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	26478			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	26698392			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252) 1	HOSPITAL (14-0252) 1.01	HOSPITAL (14-0252) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7417423		18.01
19 SUBTOTAL	19280969		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	19280969		23
24 PRIMARY PAYER PAYMENTS	4470		24
25 SUBTOTAL	19276499		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	775637		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	542946		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	589463		27.02
28 SUBTOTAL	19819445		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	19819445		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	19621221		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	198224		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S252)	SUB I (14-S252)	SUB I (14-S252)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S252)	SUB I (14-S252)	SUB I (14-S252)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S252)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1750607		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.		47800	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.	05/06/2008	79700		3.01
PROGRAM .01				3.02
TO .02			NONE	3.03
PROVIDER .03				3.04
PROVIDER .04				3.05
TO .05				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53			NONE	3.53
PROGRAM .54				3.54
SUBTOTAL .99		79700		3.99
4 TOTAL INTERIM PAYMENTS		1878107		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				5.01
PROGRAM .01				5.02
TO .02				5.03
PROVIDER .03				5.50
PROVIDER .50				5.51
TO .51				5.52
PROGRAM .52				
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO .01				6.02
PROVIDER TO .02				
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S252)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	2428379				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	607095				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1228330				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	84468				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)	25.180328				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1312798				1.19
1.20	STOP LESS PAYMENT FLOOR	1699865				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1274899				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1919893				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1919893				4
5	PRIMARY PAYER PAYMENTS	3650				5
6	SUBTOTAL	1916243				6
7	DEDUCTIBLES	121888				7
8	SUBTOTAL	1794355				8
9	COINSURANCE	27648				9
10	SUBTOTAL	1766707				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	1992				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	1394				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1768101				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S252)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		452			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	1768553				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1878107				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-109554				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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	7504871			1
2	TEMPORARY INVESTMENTS	54481441			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	72389482			4
5	OTHER RECEIVABLES	1345875			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16913000			6
7	INVENTORY	4117434			7
8	PREPAID EXPENSES	2235242			8
9	OTHER CURRENT ASSETS	1744647			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	126905992			11
FIXED ASSETS					
12	LAND	1789072			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	12717844			13
13.01	ACCUMULATED DEPRECIATION	-6848563			13.01
14	BUILDINGS	178204553			14
14.01	ACCUMULATED DEPRECIATION	-68719416			14.01
15	LEASEHOLD IMPROVEMENTS	10777			15
15.01	ACCUMULATED AMORTIZATION	-3773			15.01
16	FIXED EQUIPMENT	131089637			16
16.01	ACCUMULATED DEPRECIATION	-65374227			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	96918465			18
18.01	ACCUMULATED DEPRECIATION	-50660312			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	229124057			21
OTHER ASSETS					
22	INVESTMENTS	96760797			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	104676484			25
26	TOTAL OTHER ASSETS	201437281			26
27	TOTAL ASSETS	557467330			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	35244648			28
29	SALARIES, WAGES & FEES PAYABLE	30568065			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1200000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	28309459			35
36	TOTAL CURRENT LIABILITIES	95322172			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	296593925			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	55350961			41
42	TOTAL LONG TERM LIABILITIES	351944886			42
43	TOTAL LIABILITIES	447267058			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	110200272			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	110200272			51
52	TOTAL LIABILITIES AND FUND BALANCES	557467330			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	185260963			1
2 NET INCOME (LOSS)	4919709			2
3 TOTAL	190180672			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 PP EQUITY IN AFFILIATE A/E	415799			5
6 CHANGES IN FND ASSETS	2405225			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	2821024			10
11 SUBTOTAL	193001696			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES	60325000			13
14 PENSION CHANGES NON CURRENT	21495169			14
15 REST ASSETS USED FOR OPER	981255			15
16				16
17				17
18 TOTAL DEDUCTIONS	82801424			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	110200272			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	147298717		147298717	2
4 SUBPROVIDER I	16951372		16951372	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	164250089		164250089	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	31279338		31279338	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	31279338		31279338	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	195529427		195529427	18
19 ANCILLARY SERVICES	472701917	477190390	949892307	19
20 OUTPATIENT SERVICES	25253342	51182219	76435561	20
21 HOME HEALTH AGENCY		8050811	8050811	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
24.02 GI PARSONS		7494825	7494825	24.02
24.03 ADULT DAY CARE		447587	447587	24.03
25 CORPORATE HEALTH		2073325	2073325	25
RESIDENTIAL TREATMENT		2892830	2892830	
TOTAL PATIENT REVENUES	693484686	549331987	1242816673	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		426579918	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		426579918	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1242816673	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	822584645	2
3	NET PATIENT REVENUES	420232028	3
4	LESS - TOTAL OPERATING EXPENSES	426579918	4
5	NET INCOME FROM SERVICE TO PATIENTS	-6347890	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3768159	6
7	INCOME FROM INVESTMENTS	6064166	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	312862	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	37207	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2071737	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2416388	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET OTHER INCOME	1687061	24
25	TOTAL OTHER INCOME	16357580	25
26	TOTAL	10009690	26
27	NET NON OPERATING AND UNREAL LOSSES	3237892	27
27.01	LOSS ON EXTINGUISHMENT OF DEBT	1852089	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	5089981	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4919709	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

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	1382993		4752	20810	669251	2077806
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1924727		88205			2012932
7 PHYSICAL THERAPY	1408475		45567	7125		1461167
8 OCCUPATIONAL THERAPY	129733		4197			133930
9 SPEECH PATHOLOGY	43599		1411			45010
10 MEDICAL SOCIAL SERVICES	106980		4250			111230
11 HOME HEALTH AIDE	78617		9468			88085
12 SUPPLIES					81340	81340
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	315191		3223			318414
23.50 TELEMEDICINE						23.50
24 TOTAL	5390315		161073	27935	750591	6329914

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

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		2077806	-408	2077398	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	2990	2015922		2015922	6
7 PHYSICAL THERAPY		1461167		1461167	7
8 OCCUPATIONAL THERAPY		133930		133930	8
9 SPEECH PATHOLOGY		45010		45010	9
10 MEDICAL SOCIAL SERVICES		111230		111230	10
11 HOME HEALTH AIDE		88085		88085	11
12 SUPPLIES		81340		81340	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		318414		318414	23
23.50 TELEMEDICINE					23.50
24 TOTAL	2990	6332904	-408	6332496	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

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	2077398					2077398	2077398	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2015922					2015922	984201	3000123 6
7 PHYSICAL THERAPY	1461167					1461167	713362	2174529 7
8 OCCUPATIONAL THERAPY	133930					133930	65387	199317 8
9 SPEECH PATHOLOGY	45010					45010	21975	66985 9
10 MEDICAL SOCIAL SERVICES	111230					111230	54304	165534 10
11 HOME HEALTH AIDE	88085					88085	43004	131089 11
12 SUPPLIES	81340					81340	39711	121051 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	318414					318414	155454	473868 23
23.50 TELEMEDICINE								23.50
24 TOTAL	6332496					6332496		6332496 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

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					-2077398	4255098	5
6 SKILLED NURSING CARE						2015922	6
7 PHYSICAL THERAPY						1461167	7
8 OCCUPATIONAL THERAPY						133930	8
9 SPEECH PATHOLOGY						45010	9
10 MEDICAL SOCIAL SERVICES						111230	10
11 HOME HEALTH AIDE						88085	11
12 SUPPLIES						81340	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						318414	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-2077398	4255098	24
25 COST TO BE ALLOC (PER W/S H)						2077398	25
26 UNIT COST MULTIPLIER						.488214	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		1237548			1
2 SKILLED NURSING CARE		4299256	586961	4886217	2
3 PHYSICAL THERAPY		3119835	425942	3545777	3
4 OCCUPATIONAL THERAPY		286167	39070	325237	4
5 SPEECH PATHOLOGY		96172	13130	109302	5
6 MEDICAL SOCIAL SERVICES		237418	32414	269832	6
7 HOME HEALTH AIDE		186048	25401	211449	7
8 SUPPLIES		157079	21446	178525	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		682528	93184	775712	19
19.50 TELEMEDICINE					19.50
20 TOTALS		10302051	1237548	10302051	20
21 UNIT COST MULTIPLIER			.136527		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	GEN OH COST	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	DIETARY MEALS SERVED
	3	4	5	5.01	6A	6	8	11
1 ADMINISTRATIVE AND GENERAL	5176	28313	1382993			485944	5176	1
2 SKILLED NURSING CARE			1927484			3506869		2
3 PHYSICAL THERAPY			1408475			2544824		3
4 OCCUPATIONAL THERAPY			129733			233424		4
5 SPEECH PATHOLOGY			43599			78447		5
6 MEDICAL SOCIAL SERVICES			106980			193660		6
7 HOME HEALTH AIDE			78617			151758		7
8 SUPPLIES						121051		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			315191			556733		19
19.50 TELEMEDICINE								19.50
20 TOTALS	5176	28313	5393072			7872710	5176	20
21 TOTAL COST TO BE ALLOCATED	93777	28571	1417866			1778862	318810	21
22 UNIT COST MULTIPLIER	18.117658		.262905				61.593895	22
22 UNIT COST MULTIPLIER		1.009112				.225953		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	CAFETERIA MEALS SERVED 12	NURSING ADMINIS- TRATION (NSG VP FTES) 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY GROSS REVENUE 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	PARAMED EDUCATION EMS ASSIGNED TIME 24	
1 ADMINISTRATIVE AND GENERAL		7113		6370			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			83599				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		7113	83599	6370			20
21 TOTAL COST TO BE ALLOCATED		319233	8676	3760			21
22 UNIT COST MULTIPLIER			.103781				22
22 UNIT COST MULTIPLIER		44.880219		.590267			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

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	4886217		4886217	20796	234.96	1
2	PHYSICAL THERAPY	3	3545777		3545777	14395	246.32	2
3	OCCUPATIONAL THERAPY	4	325237		325237	1346	241.63	3
4	SPEECH PATHOLOGY	5	109302		109302	372	293.82	4
5	MEDICAL SOCIAL SERV	6	269832		269832	735	367.12	5
6	HOME HEALTH AIDE SERV	7	211449		211449	2160	97.89	6
7	TOTAL		9347814		9347814	39804		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1697					8
9	PHYSICAL THERAPY		1697					9
10	OCCUPATIONAL THERAPY		1697					10
11	SPEECH PATHOLOGY		1697					11
12	MEDICAL SOCIAL SERV		1697					12
13	HOME HEALTH AIDE SERV		1697					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	178525		178525	144159	1.238390	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1697		17
18	PER BENEFICIARY COST LIMITATION					1697		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7094

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
REASONABLE COST OF PROGRAM SERVICES			
1 REASONABLE COST OF SERVICES			1
2 TOTAL CHARGES	4050611	1249104	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		37	3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES	4050611	1249104	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	4050611	1249104	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS	4642		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3734488	1197231	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5341		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	13242	8522	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	36962	15637	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	1018		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	3786409	1221390	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	3786409	1221390	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	3786409	1221390	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3786409	1221390	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	3786409	1221390	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	3786409	1221390	24
25 TOTAL INTERIM PAYMENTS	3786409	1221390	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.: 14-7094

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		3786409		1221390
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3786409		1221390
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	7386215			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	242278			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0177			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0796			5.01
5.02	SUM OF LINES 5 AND 5.01	0.0973			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0199			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	146986			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7775479			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 GENERAL OVERHEAD					5.01
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
24 PARAMED ED PRGM- EMS					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 LITHOTRIPSY					59
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGRAM					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 ADULT DAY CARE					96.01
96.02 OTHER NRCC					96.02
96.03 FOUNDATION					96.03
96.04 CHCC					96.04
96.05 CORPORATE HEALTH					96.05
96.06 MARKETING					96.06
96.07 EMS CONTINUING EDUCATION					96.07
97.01 RESIDENTIAL TREATMENT CENTER					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
98.05 SCHAUMBURG MEDICAL CENTER					98.05
99 NONPAID WORKERS					99
99.01 GASTRO PARSONS					99.01
99.50 OTHER CORP					99.50
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	53.23		5.67				58.90 25
26 INTENSIVE CARE UNIT	53.94		3.52				57.46 26
33 NURSERY			30.53				30.53 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.28	17.59					41.87 37
40 ANESTHESIOLOGY	29.61	10.37					39.98 40
41 RADIOLOGY-DIAGNOSTIC	17.37	24.34					41.71 41
43.01 ONCOLOGY	0.75	47.90					48.65 43.01
44 LABORATORY	26.38	2.52					28.90 44
46 WHOLE BLOOD & PACKED RED BLOOD	44.45	4.15					48.60 46
49 RESPIRATORY THERAPY	46.02	9.25					55.27 49
50 PHYSICAL THERAPY	26.56	0.74					27.30 50
53 ELECTROCARDIOLOGY	31.18	16.75					47.93 53
53.01 CARDIAC CATH LAB	39.08	14.68					53.76 53.01
53.02 CARDIAC REHABILITATION	0.02	45.82					45.84 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	39.33	8.50					47.83 55
56 DRUGS CHARGED TO PATIENTS	40.41	8.62					49.03 56
57 RENAL DIALYSIS	68.20	1.35					69.55 57
60.02 TREATMENT CENTERS	0.35	6.20					6.55 60.02
61 EMERGENCY	22.00	12.36					34.36 61
62 OBSERVATION BEDS (NON-DISTINCT		24.41					24.41 62
101 TOTAL CHARGES	23.53	11.92					35.45 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	23.59		18.31				41.90 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
44 LABORATORY	0.22						0.22 44
49 RESPIRATORY THERAPY	0.02						0.02 49
50 PHYSICAL THERAPY	0.05						0.05 50
53 ELECTROCARDIOLOGY	0.07						0.07 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.45						0.45 56
57 RENAL DIALYSIS	0.18						0.18 57
61 EMERGENCY	0.28						0.28 61
101 TOTAL CHARGES	0.08						0.08 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	12444225	3.13	-12444225	-7.35		3
4	NEW CAP REL COSTS-MVBLE EQUIP	16947622	4.26	-16947622	-10.02		4
5	EMPLOYEE BENEFITS	45181716	11.36	-45181716	-26.70		5
5.01	GENERAL OVERHEAD						5.01
6	ADMINISTRATIVE & GENERAL	57637980	14.49	-57637980	-34.06		6
8	OPERATION OF PLANT	17391941	4.37	-17391941	-10.28		8
11	DIETARY	3430913	.86	-3430913	-2.03		11
12	CAFETERIA	143905	.04	-143905	-.09		12
14	NURSING ADMINISTRATION	3817034	.96	-3817034	-2.26		14
15	CENTRAL SERVICES & SUPPLY	1862329	.47	-1862329	-1.10		15
16	PHARMACY	5368855	1.35	-5368855	-3.17		16
17	MEDICAL RECORDS & LIBRARY	4873960	1.23	-4873960	-2.88		17
24	PARAMED ED PRGM- EMS	102119	.03	-102119	-.06		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	43440091	10.92	41615182	24.59	85055273	21.38
26	INTENSIVE CARE UNIT	8634179	2.17	7960135	4.70	16594314	4.17
31	SUBPROVIDER I	4341892	1.09	4492801	2.66	8834693	2.22
33	NURSERY	2474848	.62	1699850	1.00	4174698	1.05
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15784262	3.97	17122773	10.12	32907035	8.27
40	ANESTHESIOLOGY	167629	.04	379457	.22	547086	.14
41	RADIOLOGY-DIAGNOSTIC	22057523	5.54	20438451	12.08	42495974	10.68
43.01	ONCOLOGY	621737	.16	1813797	1.07	2435534	.61
44	LABORATORY	12444409	3.13	7593500	4.49	20037909	5.04
46	WHOLE BLOOD & PACKED RED BLOOD	3466180	.87	1177869	.70	4644049	1.17
49	RESPIRATORY THERAPY	2386563	.60	1584780	.94	3971343	1.00
50	PHYSICAL THERAPY	6803814	1.71	4418191	2.61	11222005	2.82
53	ELECTROCARDIOLOGY	3223378	.81	2671032	1.58	5894410	1.48
53.01	CARDIAC CATH LAB	2496741	.63	2160418	1.28	4657159	1.17
53.02	CARDIAC REHABILITATION	894090	.22	1217875	.72	2111965	.53
55	MEDICAL SUPPLIES CHARGED TO PAT	37395780	9.40	13512977	7.99	50908757	12.80
56	DRUGS CHARGED TO PATIENTS	13675916	3.44	11611683	6.86	25287599	6.36
57	RENAL DIALYSIS	992295	.25	249303	.15	1241598	.31
59	LITHOTRIPSY	2138		549		2687	
60.01	PARTIAL HOSPITALIZATION PROGRAM	959842	.24	913418	.54	1873260	.47
60.02	TREATMENT CENTERS	2784617	.70	4149829	2.45	6934446	1.74
61	EMERGENCY	12007058	3.02	9273100	5.48	21280158	5.35
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	6332496	1.59	3969555	2.35	10302051	2.59
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	232381	.06	569822	.34	802203	.20
96.01	ADULT DAY CARE	434673	.11	215535	.13	650208	.16
96.02	OTHER NRCC	348018	.09	108915	.06	456933	.11

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
96.03 FOUNDATION			75341	.04	75341	.02	96.03
96.04 CHCC	12732440	3.20	2876933	1.70	15609373	3.92	96.04
96.05 CORPORATE HEALTH	2466930	.62	1501695	.89	3968625	1.00	96.05
96.06 MARKETING	3097296	.78	1062801	.63	4160097	1.05	96.06
96.07 EMS CONTINUING EDUCATION	493528	.12	263810	.16	757338	.19	96.07
97.01 RESIDENTIAL TREATMENT CENTER	877515	.22	623287	.37	1500802	.38	97.01
98 PHYSICIANS' PRIVATE OFFICES	1419365	.36	387646	.23	1807011	.45	98
98.05 SCHAUMBURG MEDICAL CENTER							98.05
99 NONPAID WORKERS			807		807		99
99.01 GASTRO PARSONS	3166750	.80	1489482	.88	4656232	1.17	99.01
99.50 OTHER CORP							99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	397858973	100.00	0	.00	397858973	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	4694889	98330843	.047746	23873616	1139870	37
40 ANESTHESIOLOGY	160412	12619545	.012711	3736604	47496	40
41 RADIOLOGY-DIAGNOSTIC	8191230	307108002	.026672	53335380	1422561	41
43.01 ONCOLOGY	459786	3028311	.151829	22805	3462	43.01
44 LABORATORY	1361876	163254473	.008342	43067870	359272	44
46 WHOLE BLOOD & PACKED RED BLOOD	150895	14755784	.010226	6558455	67067	46
49 RESPIRATORY THERAPY	289477	6325120	.045766	2910808	133216	49
50 PHYSICAL THERAPY	1160199	19851812	.058443	5272008	308112	50
53 ELECTROCARDIOLOGY	458296	44863461	.010215	13989169	142899	53
53.01 CARDIAC CATH LAB	586287	45949819	.012759	17956649	229109	53.01
53.02 CARDIAC REHABILITATION	433042	1767291	.245032	277	68	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1896042	200274950	.009467	78773229	745746	55
56 DRUGS CHARGED TO PATIENTS	1376053	64653446	.021284	26129419	556139	56
57 RENAL DIALYSIS	33454	3840809	.008710	2619503	22816	57
59 LITHOTRIPSY	68	11282	.006027			59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	160147	2180487	.073446			60.01
60.02 TREATMENT CENTERS	791871	6471341	.122366	22792	2789	60.02
61 EMERGENCY	1415224	48000969	.029483	10558855	311307	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	379779	8484009	.044764			62
101 TOTAL	23999027	1051771754		288827439	5491929	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	5971454		5971454	90772	65.79	48314	3178578 25
26 INTENSIVE CARE UNIT	1408416		1408416	9764	144.25	5267	759765 26
101 TOTAL	7379870		7379870			53581	3938343 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 3938343

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 5491929

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 9430272

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	112066291
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	367935122
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.305

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2331489
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4952638
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.471

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)	9430272
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	31918081
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	146180362
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.218