

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. _____ [XX] 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	-26585	174718	1
2.01	SUBPROVIDER II	-175638	29697	2
3	SWING BED - SNF	76094	257	2.01
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	-126129	204672	9
				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
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	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
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.	YES		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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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.	NO			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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?	NO			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
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD:	BEGINNING:	ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:				54
	PREMIUMS: 5488000 PAID LOSSES: 10926398 AND/OR SELF INSURANCE: 32800000				
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$				
		0	1	2	3	4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56			
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		YES	NO			58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60			
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES	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.		YES				61			
	COUNTY:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	5
62	NAME: EVANSTON HOSPITAL	COOK	IL	60201	16974	2193.00	62			
62.01	NAME: GLENBROOK HO	COOK	IL	60026	16974	820.00	62.01			
62.02	NAME: HIGHLAND PAR	LAKE	IL	60035	29404	850.00	62.02			
SETTLEMENT DATA										
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63			

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		14205	2950	32075	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
7.01	INTENSIVE CARE UNIT - GB					7.01
7.02	ISCU					7.02
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		14205	2950	32075	12
13	RPCH VISITS					13
14	SUBPROVIDER I			235	117	1290
14.01	SUBPROVIDER 2 - REHAB			267	21	416
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		
1	TOTAL SALARIES	364657245		364657245	10007665.00	36.44		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	8957365		8957365	86375.00	103.70		4
4.01	TEACHING PHYSICIAN SALARIES	7481938		7481938	100920.00	74.14		4.01
5	PHYSICIAN - PART B	3865226		3865226	82914.00	46.62		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R	10587988		10587988	362440.00	29.21		6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	20234495	-1742901	18491594	575215.00	32.15		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	11606377		11606377	382758.00	30.32		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	8522011		8522011	134473.00	63.37		9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	71668680		71668680			CMS 339	13
14	WAGE RELATED COSTS (OTHER)	15384308		15384308			CMS 339	14
15	EXCLUDED AREAS	4066972		4066972			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	1970049		1970049			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	1645550		1645550			CMS 339	18.01
19	PHYSICIAN PART B	850103		850103			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	6263278	-174	6263104	157584.00	39.74		21
22	ADMINISTRATIVE & GENERAL	82167031	-12075194	70091837	1255901.00	55.81		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	35654982		35654982	836074.00	42.65		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	279800		279800	6840.00	40.91		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT	8118956		8118956	478042.00	16.98		26.01
27	DIETARY	206438		206438	6456.00	31.98		27
27.01	DIETARY UNDER CONTRACT	5947046		5947046	327939.00	18.13		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	7757356		7757356	231345.00	33.53		30
31	CENTRAL SERVICES AND SUPPLY	3239208		3239208	194107.00	16.69		31
32	PHARMACY	11281104	-138384	11142720	308702.00	36.10		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	4165906		4165906	176256.00	23.64		33
34	SOCIAL SERVICE	2710435		2710435	84621.00	32.03		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
	1	2	3	4	5	6		
1	NET SALARIES	392443077		392443077	11103446.00	35.34		1
2	EXCLUDED AREA SALARIES	20234495	-1742901	18491594	575215.00	32.15		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	372208582	1742901	373951483	10528231.00	35.52		3
4	SUBTOTAL OTHER WAGES & REL COSTS	20128388		20128388	517231.00	38.92		4
5	SUBTOTAL WAGE-RELATED COSTS	89023037		89023037		23.81%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	481360007	1742901	483102908	11045462.00	43.74		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	167791540	-12213752	155577788	4063867.00	38.28		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7001

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		4160			4160	1
2 UNDUPLICATED CENSUS COUNT		2564.00			2564.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		6.73	6.73	5
6 DIRECT NURSING SERVICE				6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		15.08	15.08	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.30	1.30	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		1.00	1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		2.00	2.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7001

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	12438		1461	412		14311	21
22	SKILLED NURSING VISIT CHARGES	2363196		277590	78280		2719066	22
23	PHYSICAL THERAPY VISITS	13917		542	425		14884	23
24	PHYSICAL THERAPY VISIT CHARGES	2644206		102980	80750		2827936	24
25	OCCUPATIONAL THERAPY VISITS	896		4	29		929	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	170240		760	5510		176510	26
27	SPEECH PATHOLOGY VISITS	466		2	9		477	27
28	SPEECH PATHOLOGY VISIT CHARGES	88540		380	1710		90630	28
29	MEDICAL SOCIAL SERVICE VISITS	252		15	8		275	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	57708		3435	1832		62975	30
31	HOME HEALTH AIDE VISITS	939		8	26		973	31
32	HOME HEALTH AIDE VISIT CHARGES	112680		960	3120		116760	32
33	TOTAL VISITS	28908		2032	909		31849	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	5436570		386105	171202		5993877	35
36	TOTAL NUMBER OF EPISODES	2314		751	87		3152	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	41581		10802	1059		53442	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2300

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	183		3			21	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.50						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	317						5
6 NUMBER OF STATIONS	25						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION	93.00						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						14	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						6	12
EPOIETIN							
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						37664	13
13.01 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						34240	14
14.01 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15 MCP X INITIAL METHOD							15
ARANESP							
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						560347	16
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						200124	18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

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

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1522

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	16830					16830	2
3 INPATIENT RESPITE CARE	29					29	3
4 GENERAL INPATIENT CARE	1705					1705	4
5 TOTAL HOSPICE DAYS	18564					18564	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	612					612	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	28217.00						7
8 AVERAGE LENGTH OF STAY	30.33					30.33	8
9 UNDUPLICATED CENSUS COUNT							9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	27154478	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	27154478	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.320209	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	131480616	28
29	TOTAL GROSS MEDICAID COST	42101277	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	93787445	30
31	UNCOMPENSATED CARE COST	30031584	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	42101277	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
71	7100 HOME HEALTH AGENCY	2541695	1840106	4381801		4381801		4381801	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		7592603	7592603	-7592603				88
93	9300 HOSPICE	1868207	2386597	4254804		4254804		4254804	93
95	SUBTOTALS	353880531	574757875	928638406	2520000	931158406	-65551939	865606467	95
	NONREIMBURSABLE COST CENTERS								
97	9700 RESEARCH						40456258	40456258	97
99.01	9901 NON-ALLOWABLE COST	7741640	33210204	40951844	-2520000	38431844		38431844	99.01
99.02	9902 EVANSTON HOME SERVICES	3035074	2513932	5549006		5549006		5549006	99.02
101	TOTAL	364657245	610482011	975139256		975139256	-25095681	950043575	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 NURSERY	A	NURSERY	33	3245706	664130	1
2 COST OF GOODS SOLD	C	DRUGS CHARGED TO PATIENTS	56		67480858	2
3 DIETARY	D	CAFETERIA	12		143422	3
4 NURSING ADVERTISING	E	NURSING ADMINISTRATION	14		145437	4
5 SUPPLY RECLASS	G	MEDICAL SUPPLIES CHARGED TO P	55		1521801	5
6 PHARMACY RESIDENCY	H	PARAMED ED PRGM-PHARMACY RESI	24	138384	16823	6
7 INTEREST EXPENSE	J	ADMINISTRATIVE & GENERAL	6		7592603	7
8 RECREATION THERAPY/NURSE	K	SUBPROVIDER 2 - REHAB	31.01	38224		8
9 PROVIDER-BASED CLINIC	M	CLINIC	60	21001121	10565437	9
10 TEACHING COSTS FROM NON I&R T	N	I&R SERVICES-OTHER PRGM COSTS	23	1932417	304354	10
11 TEACHING COSTS FROM NON I&R T	N					11
12 TEACHING COSTS FROM NON I&R T	N					12
13 TEACHING COSTS FROM NON I&R T	N					13
14 TEACHING COSTS FROM NON I&R T	N					14
15						15
16 TEACHING COSTS FROM NON I&R T	N					16
17 TEACHING COSTS FROM NON I&R T	N					17
18 TEACHING COSTS FROM NON I&R T	N					18
19 TEACHING COSTS FROM NON I&R T	N					19
20 TEACHING COSTS FROM NON I&R T	N					20
21						21
22 TEACHING COSTS FROM NON I&R T	N					22
23 TEACHING COSTS FROM NON I&R T	N					23
24						24
25						25
26 MEDICAL TECHNOLOGY PRGM	P	PARAMED ED PRGM-MEDICAL TECH	24.01	196050	5647	26
27 PHYSICIAN ADMIN COST	Q	ADMINISTRATIVE & GENERAL	6	6731115	1060151	27
28 SCHOOL OF ANESTHESIA	B	PARAMED ED PRGM-SCHOOL OF ANE	24.02	404441	150269	28
29						29
30 STIPEND RECLASS	T	ADMINISTRATIVE & GENERAL	6	2194812		30
31 STIPEND RECLASS	T	ADULTS & PEDIATRICS	25	156000		31
32 STIPEND RECLASS	T	LABORATORY	44	2600000		32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				38638270	89650932	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 NURSERY	A	ADULTS & PEDIATRICS	25	3245706	664130	1
2 COST OF GOODS SOLD	C	PHARMACY	16		67480858	2
3 DIETARY	D	DIETARY	11		143422	3
4 NURSING ADVERTISING	E	EMPLOYEE BENEFITS	5		145437	4
5 SUPPLY RECLASS	G	CENTRAL SERVICES & SUPPLY	15		1521801	5
6 PHARMACY RESIDENCY	H	PHARMACY	16	138384	16823	6
7 INTEREST EXPENSE	J	INTEREST EXPENSE	88		7592603	7
8 RECREATION THERAPY/NURSE	K	PHYSICAL THERAPY	50	38224		8
9 PROVIDER-BASED CLINIC	M	ADMINISTRATIVE & GENERAL	6	21001121	10565437	9
10 TEACHING COSTS FROM NON I&R T	N					10
11 TEACHING COSTS FROM NON I&R T	N	RADIOISOTOPE	43	61651	9710	11
12 TEACHING COSTS FROM NON I&R T	N	ADULTS & PEDIATRICS	25	46326	7296	12
13 TEACHING COSTS FROM NON I&R T	N	RADIOLOGY-DIAGNOSTIC	41	286852	45179	13
14 TEACHING COSTS FROM NON I&R T	N	RADIOLOGY-THERAPEUTIC	42	114109	17972	14
15						15
16 TEACHING COSTS FROM NON I&R T	N	OP CHAPMAN CENTER	61.06	9221	1452	16
17 TEACHING COSTS FROM NON I&R T	N	LABORATORY	44	1283655	202176	17
18 TEACHING COSTS FROM NON I&R T	N	PHYSICAL THERAPY	50	82695	13024	18
19 TEACHING COSTS FROM NON I&R T	N	ELECTROCARDIOLOGY	53	6927	1091	19
20 TEACHING COSTS FROM NON I&R T	N	ADOLESCENT DAY HOSP.	61.03	35626	5611	20
21						21
22 TEACHING COSTS FROM NON I&R T	N	EMERGENCY	61	5181	816	22
23 TEACHING COSTS FROM NON I&R T	N	EMPLOYEE BENEFITS	5	174	27	23
24						24
25						25
26 MEDICAL TECHNOLOGY PRGM	P	LABORATORY	44	196050	5647	26
27 PHYSICIAN ADMIN COST	Q	I&R SERVICES-OTHER PRGM COSTS	23	6731115	1060151	27
28 SCHOOL OF ANESTHESIA	B	I&R SERVICES-OTHER PRGM COSTS	23	404441	150269	28
29						29
30 STIPEND RECLASS	T	I&R SERVICES-OTHER PRGM COSTS	23	2430812		30
31 STIPEND RECLASS	T	NON-ALLOWABLE COST	99.01	2520000		31
32 STIPEND RECLASS	T					32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				38638270	89650932	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	10092138	12405225		12405225		22497363		1
2 LAND IMPROVEMENTS	18388291	401116		401116	329926	18459481		2
3 BUILDINGS AND FIXTURES	795072620	137650581		137650581	5489739	927233462		3
4 BUILDING IMPROVEMENTS	40422427				3833927	36588500		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	432522526	12566933		12566933	52317595	392771864		6
7 SUBTOTAL	1296498002	163023855		163023855	61971187	1397550670		7
8 RECONCILING ITEMS								8
9 TOTAL	1296498002	163023855		163023855	61971187	1397550670		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	1004778806		1004778806	.718957				3
4 NEW CAP REL COSTS-MVBLE EQUIP	392771864		392771864	.281043				4
5 TOTAL	1397550670		1397550670	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		42383755						42383755 3
4 NEW CAP REL COSTS-MVBLE EQUIP		36006876						36006876 4
5 TOTAL		78390631						78390631 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		43083508						43083508 3
4 NEW CAP REL COSTS-MVBLE EQUIP		36006876						36006876 4
5 TOTAL		79090384						79090384 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	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	-245384	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-394652	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2511604			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-3108993	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	B	-7142742	PHARMACY	16	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				36
37 PHYSICIAN ASSISTANT SALARY	A	-89726	EMERGENCY	61	37
37.01 PHYSICIAN ASSISTANT SALARY	A	-3569613	I&R SERVICES-OTHER PRGM COSTS A	23	37.01
37.02 PHYSICIAN ASSISTANT SALARY	A	-205887	RADIOLOGY-DIAGNOSTIC	41	37.02
38 PARKING LOT REVENUE OFFSET	B	-699753	NEW CAP REL COSTS-BLDG & FIXT	3	9 38
39					39
40 LOBBYING DUES	A	-89548	ADMINISTRATIVE & GENERAL	6	40
41 HOSPITALIST AND OB COVERAGE	A	-6293568	ADULTS & PEDIATRICS	25	41
42					42
43 RESEARCH INSTITUTE EXPENSES	A	40456258	RESEARCH	97	43
44 TUITION REVENUE OFFSET	B	-53242	LABORATORY	44	44
44.01 TUITION REVENUE OFFSET	B	-554710	PARAMED ED PRGM-SCHOOL OF ANEST	24.02	44.01
44.02 TUITION REVENUE OFFSET	B	-85050	EMERGENCY	61	44.02
44.03 TUITION REVENUE OFFSETS	B	-1963	CLINIC	60	44.03
45 MISCELLANEOUS REVENUE OFFSETS	B	-40400	ADMINISTRATIVE & GENERAL	6	45
45.04 MISCELLANEOUS REVENUE OFFSETS	B	-181583	ADULTS & PEDIATRICS	25	45.04
45.05 MISCELLANEOUS REVENUE OFFSETS	B	-44152	OPERATING ROOM	37	45.05
45.06 MISCELLANEOUS REVENUE OFFSETS	B	-2600	RESPIRATORY THERAPY	49	45.06
45.07 MISCELLANEOUS REVENUE OFFSETS	B	-101301	PHYSICAL THERAPY	50	45.07
45.08 MISCELLANEOUS REVENUE OFFSETS	B	-69	OCCUPATIONAL THERAPY	51	45.08
45.09 MISCELLANEOUS REVENUE OFFSETS	B	-13333	ELECTROCARDIOLOGY	53	45.09
45.10 MISCELLANEOUS REVENUE OFFSETS	B	-463883	CLINIC	60	45.10
45.11 MISCELLANEOUS REVENUE OFFSETS	B	-151371	CARDIAC REHAB	60.01	45.11
45.12 MISCELLANEOUS REVENUE OFFSETS	B	-61058	DENTAL CLINIC	61.01	45.12
45.14 MISCELLANEOUS REVENUE OFFSETS	B	-20828	CAFETERIA	12	45.14
45.15 MISCELLANEOUS REVENUE OFFSETS	B	-33445	EMERGENCY	61	45.15
46 NON-ALLOWABLE CORPORATE EXPENSES	A	-11479441	ADMINISTRATIVE & GENERAL	6	46
46.01 NON-ALLOWABLE CORPORATE EXPENSES	A	-305707	EMPLOYEE BENEFITS	5	46.01
46.03 NON-ALLOWABLE CORPORATE EXPENSES	A	-6585	NURSING ADMINISTRATION	14	46.03
46.04 NON-ALLOWABLE CORPORATE EXPENSES	A	-215437	PHARMACY	16	46.04
46.07 NON-ALLOWABLE CORPORATE EXPENSES	A	-18512	I&R SERVICES-OTHER PRGM COSTS A	23	46.07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
46.08 NON-ALLOWABLE CORPORATE EXPENSES	A	-7835	ADULTS & PEDIATRICS	25	46.08
46.11 NON-ALLOWABLE CORPORATE EXPENSES	A	-396814	RADIOLOGY-DIAGNOSTIC	41	46.11
46.12 NON-ALLOWABLE CORPORATE EXPENSES	A	-36767	CLINIC	60	46.12
46.13 NON-ALLOWABLE CORPORATE EXPENSES	A	-6835	CARDIAC REHAB	60.01	46.13
46.14 NON-ALLOWABLE CORPORATE EXPENSES	A	-2147	GASTRO-INTESTINAL UNIT	60.02	46.14
46.15 NON-ALLOWABLE CORPORATE EXPENSES	A	-1095	CANCER CARE CENTER	60.03	46.15
46.16 NON-ALLOWABLE CORPORATE EXPENSES	A	-4240	CAT SCAN	43.01	46.16
46.17 NON-ALLOWABLE CORPORATE EXPENSES	A	-7549	EMERGENCY	61	46.17
47 I & R RCE DISALLOWANCE	A	-3695055	ADMINISTRATIVE & GENERAL	6	47
47.01 I & R RCE DISALLOWANCE	A	-2446575	I&R SERVICES-OTHER PRGM COSTS A	23	47.01
48					48
48.02 DEPARTMENT CHAIR ENDOWMENT	B	-1025620	I&R SERVICES-OTHER PRGM COSTS A	23	48.02
48.03 DEPARTMENT CHAIR ENDOWMENT	B	-57165	RADIOLOGY-DIAGNOSTIC	41	48.03
48.04 DEPARTMENT CHAIR ENDOWMENT	B	-99534	RADIOLOGY-THERAPEUTIC	42	48.04
49 INTEREST-RATE SWAP AGREEMENT	A	-4692027	ADMINISTRATIVE & GENERAL	6	49
49.01 DIETARY REVENUE OFFSET	B	-146736	DIETARY	11	49.01
49.02 LABORATORY REVENUE OFFSET	B	-16065	LABORATORY	44	49.02
49.06 LABORATORY REVENUE OFFSET	B	-422	BLOOD STORING, PROCESSING & TRA	47	49.06
49.10 RENTAL REVENUE OFFSET	B	-16858	CLINIC	60	49.10
49.11 RENTAL REVENUE OFFSET	B	-6460	ADMINISTRATIVE & GENERAL	6	49.11
49.20 MALPRACTICE REVENUE OFFSET	B	-14700000	ADMINISTRATIVE & GENERAL	6	49.20
50 TOTAL		-25095681			50

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	43	RADIOISOTOPE	217649		217649	177200	276	23513	1176
2	61	EMERGENCY	28384		28384	208000	369	36900	1845
3	25	ADULTS & PEDIATRICS	53623		53623	138700	208	13870	694
4	5	EMPLOYEE BENEFITS	58318		58318	165600	1151	91637	4582
6	41	RADIOLOGY-DIAGNOSTIC	846113		846113	225300	11131	1205680	60284
7	42	RADIOLOGY-THERAPEUTIC	305561		305561	225300	1062	115033	5752
8	44	LABORATORY	3009500		3009500	215700	9239	958102	47905
10	50	PHYSICAL THERAPY	164456		164456	177200	2804	238879	11944
11	53	ELECTROCARDIOLOGY	29141		29141	165600	732	58278	2914
12	61.03	ADOLESCENT DAY HOSP.	59820		59820	154100	378	28005	1400
13	61.01	DENTAL CLINIC							
14	61.06	OP CHAPMAN CENTER	41091		41091	154100	501	37117	1856
101		TOTAL	4813656		4813656		27851	2807014	140352

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	43	RADIOISOTOPE	AGGREGATE				23513	194136	194136
2	61	EMERGENCY	AGGREGATE				36900		
3	25	ADULTS & PEDIATRICS	AGGREGATE				13870	39753	39753
4	5	EMPLOYEE BENEFITS	AGGREGATE				91637		
6	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				1205680		
7	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				115033	190528	190528
8	44	LABORATORY	AGGREGATE				958102	2051398	2051398
10	50	PHYSICAL THERAPY	AGGREGATE				238879		
11	53	ELECTROCARDIOLOGY	AGGREGATE				58278		
12	61.03	ADOLESCENT DAY HOSP.	AGGREGATE				28005	31815	31815
13	61.01	DENTAL CLINIC	AGGREGATE						
14	61.06	OP CHAPMAN CENTER	AGGREGATE				37117	3974	3974
101		TOTAL					2807014	2511604	2511604

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	& LINEN
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		SERVICE
	0	3	4	5	5A	6	8	9
71 HOME HEALTH AGENCY	4381801	114075	36881	131118	4663875	1310665	417374	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	4254804	60561	5974	96375	4417714	1241488	221579	93
95 SUBTOTALS	865606467	40775323	33808888	18062616	861374108	183497327	57009290	5168452 95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	40456258	583683	1955208		42995149	12082712	2135564	97
99.01 NON-ALLOWABLE COST	38431844	987222	238113	269369	39926548	11220358	3612022	99.01
99.02 EVANSTON HOME SERVICES	5549006	37527	4667	156570	5747770	1615267	137304	99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	950043575	42383755	36006876	18488555	950043575	208415664	62894180	5168452 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
71 HOME HEALTH AGENCY	101553		51813	330172	11933	26		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	53913		23462	136623	8519	56971		93
95 SUBTOTALS	13522270	15066774	3522108	14732484	12319189	9348525	9466068	5107246 95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	519615		133314		352314	4259		97
99.01 NON-ALLOWABLE COST	878859		96669	91082	797553	136		99.01
99.02 EVANSTON HOME SERVICES	33408		34081	91082	35	90061		99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	14954152	15066774	3786172	14914648	13469091	9442981	9466068	5107246 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	PARAMED EDUCATION MED TECH 24.01	PARAMED EDUCATION ANESTHESIA 24.02	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
71 HOME HEALTH AGENCY					6887411		6887411	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE					6160269		6160269	93
95 SUBTOTALS	40240867	219092	345430	37024	827448413	-40838878	786609535	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH					58222927		58222927	97
99.01 NON-ALLOWABLE COST					56623227		56623227	99.01
99.02 EVANSTON HOME SERVICES					7749008		7749008	99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	40240867	219092	345430	37024	950043575	-40838878	909204697	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
71 HOME HEALTH AGENCY		114075	36881	150956	4148	159015	95957	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		60561	5974	66535	3049	150622	50942	93
95 SUBTOTALS	40775323	33808888	74584211	571398	22262888	13106792	280273	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH		583683	1955208	2538891		1465920	490980	97
99.01 NON-ALLOWABLE COST		987222	238113	1225335	8522	1361296	830427	99.01
99.02 EVANSTON HOME SERVICES		37527	4667	42194	4953	195970	31567	99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	42383755	36006876	78390631	584873	25286074	14459766	280273	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	16	17	18
71	HOME HEALTH AGENCY	6664		11194	14825	322	1		71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
93	HOSPICE	3538		5069	6134	230	1626		93
95	SUBTOTALS	887297	1377186	760951	661496	332715	266818	587912	258499
	NONREIMBURSABLE COST CENTERS								
97	RESEARCH	34096		28802		9515	122		97
99.01	NON-ALLOWABLE COST	57669		20885	4090	21540	4		99.01
99.02	EVANSTON HOME SERVICES	2192		7363	4090	1	2570		99.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	981254	1377186	818001	669676	363771	269514	587912	258499

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED EDUCATION MED TECH	PARAMED EDUCATION ANESTHESIA	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	24.01	24.02	25	26	27	
71 HOME HEALTH AGENCY					443082		443082	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE					287745		287745	93
95 SUBTOTALS					67206940		67206940	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH					4568326		4568326	97
99.01 NON-ALLOWABLE COST					3529768		3529768	99.01
99.02 EVANSTON HOME SERVICES					290900		290900	99.02
101 CROSS FOOT ADJUSTMENTS	2748694	9450	32117	4436	2794697		2794697	101
102 NEGATIVE COST CENTER								102
103 TOTAL	2748694	9450	32117	4436	78390631		78390631	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DEPR. EXPENSE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	7414	38999	2541695		4663875	7414		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	3936	6317	1868207		4417714	3936		93
95 SUBTOTALS	2650090	35750156	350137427	-208415664	652958444	1012682	99334	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	37935	2067474			42995149	37935		97
99.01 NON-ALLOWABLE COST	64162	251785	5221640		39926548	64162		99.01
99.02 EVANSTON HOME SERVICES	2439	4935	3035074		5747770	2439		99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	42383755	36006876	18488555		208415664	62894180	5168452	103
104 UNIT COST MULT-WS B PT I		.945699				56.295351		104
104 UNIT COST MULT-WS B PT I	15.386392		.051587		.281025		52.031047	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			584873		25286074	14459766	280273	107
108 UNIT COST MULT-WS B PT III						12.942654		108
108 UNIT COST MULT-WS B PT III			.001632		.034095		2.821521	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	PARAMED	PARAMED	
	PROGRAM	EDUCATION	EDUCATION	EDUCATION	
	COSTS		MED TECH	ANESTHESIA	
	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
	TIME	TIME	TIME	TIME	
	23	24	24.01	24.02	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23	17433				23
24		100			24
24.01			100		24.01
24.02				100	24.02
INPATIENT ROUTINE SERV COST CENTERS					
25	10867				25
26					26
27					27
27.01					27.01
27.02	224				27.02
31	91				31
31.01	75				31.01
33					33
ANCILLARY SERVICE COST CENTERS					
37	2631			100	37
39					39
41	750				41
42	75				42
43					43
43.01					43.01
44	1168		100		44
44.01					44.01
46.30					46.30
47					47
48					48
49					49
50					50
51					51
52					52
53	92				53
55					55
56		100			56
57	124				57
58					58
58.01					58.01
OUTPATIENT SERVICE COST CENTERS					
60	190				60
60.01					60.01
60.02					60.02
60.03					60.03
61	922				61
61.01	199				61.01
61.02					61.02
61.03					61.03
61.06	25				61.06
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	PARAMED	PARAMED	
	PROGRAM	EDUCATION	EDUCATION	EDUCATION	
	COSTS		MED TECH	ANESTHESIA	
	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
	TIME	TIME	TIME	TIME	
	23	24	24.01	24.02	
69.30 OUTPATIENT OCCUPATIONAL THERA					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS	17433	100	100	100	95
NONREIMBURSABLE COST CENTERS					
97 RESEARCH					97
99.01 NON-ALLOWABLE COST					99.01
99.02 EVANSTON HOME SERVICES					99.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	40240867	219092	345430	37024	103
104 UNIT COST MULT-WS B PT I	2308.315666		3454.300000		104
104 UNIT COST MULT-WS B PT I		2190.920000		370.240000	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	2748694	9450	32117	4436	107
108 UNIT COST MULT-WS B PT III	157.671887		321.170000		108
108 UNIT COST MULT-WS B PT III		94.500000		44.360000	108

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
03/04/2010 07:53

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

DESCRIPTION		----- WORKSHEET B -----			
1		PART	LINE NO.	AMOUNT	
		2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-37664	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-560347	3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	113346840		113346840	39753	113386593	25
26 INTENSIVE CARE UNIT	17511989		17511989		17511989	26
27 CORONARY CARE UNIT	10257679		10257679		10257679	27
27.01 INTENSIVE CARE UNIT - GB	8191215		8191215		8191215	27.01
27.02 ISCU	15374115		15374115		15374115	27.02
31 SUBPROVIDER 1	8613575		8613575		8613575	31
31.01 SUBPROVIDER 2 - REHAB	4617556		4617556		4617556	31.01
33 NURSERY	5443803		5443803		5443803	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	106378057		106378057		106378057	37
39 DELIVERY ROOM & LABOR ROOM	18638095		18638095		18638095	39
41 RADIOLOGY-DIAGNOSTIC	47627434		47627434		47627434	41
42 RADIOLOGY-THERAPEUTIC	10955167		10955167	190528	11145695	42
43 RADIOISOTOPE	8152505		8152505	194136	8346641	43
43.01 CAT SCAN	20750937		20750937		20750937	43.01
44 LABORATORY	53003940		53003940	2051398	55055338	44
44.01 VASCULAR LAB	2079879		2079879		2079879	44.01
46.30 BLOOD CLOTTING FACTORS ADM						46.30
47 BLOOD STORING, PROCESSING &	5215598		5215598		5215598	47
48 INTRAVENOUS THERAPY	4074319		4074319		4074319	48
49 RESPIRATORY THERAPY	9387266		9387266		9387266	49
50 PHYSICAL THERAPY	21401926		21401926		21401926	50
51 OCCUPATIONAL THERAPY	2905756		2905756		2905756	51
52 SPEECH PATHOLOGY	824926		824926		824926	52
53 ELECTROCARDIOLOGY	18449451		18449451		18449451	53
55 MEDICAL SUPPLIES CHARGED TO	5268620		5268620		5268620	55
56 DRUGS CHARGED TO PATIENTS	98198923		98198923		98198923	56
57 RENAL DIALYSIS	8593810		8593810		8593810	57
58 ASC (NON-DISTINCT PART)	9731473		9731473		9731473	58
58.01 CARDIAC CATHETER LAB	14810995		14810995		14810995	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	56119233		56119233		56119233	60
60.01 CARDIAC REHAB	1402528		1402528		1402528	60.01
60.02 GASTRO-INTESTINAL UNIT	13463759		13463759		13463759	60.02
60.03 CANCER CARE CENTER	12304173		12304173		12304173	60.03
61 EMERGENCY	30701857		30701857		30701857	61
61.01 DENTAL CLINIC	888408		888408		888408	61.01
61.02 CHILLD & ADOLESCENT CTR.	2138951		2138951		2138951	61.02
61.03 ADOLESCENT DAY HOSP.	1468078		1468078	31815	1499893	61.03
61.06 OP CHAPMAN CENTER	5269019		5269019	3974	5272993	61.06
62 OBSERVATION BEDS (NON-DISTI	14108289		14108289		14108289	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	787670144		787670144	2511604	790181748	101
102 LESS OBSERVATION BEDS	14108289		14108289		14108289	102
103 TOTAL	773561855		773561855	2511604	776073459	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	147786909		147786909			25
26 INTENSIVE CARE UNIT	27557378		27557378			26
27 CORONARY CARE UNIT	14776167		14776167			27
27.01 INTENSIVE CARE UNIT - GB	10777563		10777563			27.01
27.02 ISCU	39850194		39850194			27.02
31 SUBPROVIDER 1	11393636		11393636			31
31.01 SUBPROVIDER 2 - REHAB	6388119		6388119			31.01
33 NURSERY	6605528		6605528			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	228554971	128641443	357196414	.297814	.297814	.297814 37
39 DELIVERY ROOM & LABOR ROOM	40337728	3200949	43538677	.428081	.428081	.428081 39
41 RADIOLOGY-DIAGNOSTIC	32089563	114548508	146638071	.324796	.324796	.324796 41
42 RADIOLOGY-THERAPEUTIC	2156848	44720633	46877481	.233698	.233698	.233698 42
43 RADIOISOTOPE	4759602	33923135	38682737	.210753	.210753	.215772 43
43.01 CAT SCAN	66116724	229165127	295281851	.070275	.070275	.070275 43.01
44 LABORATORY	123062897	180759109	303822006	.174457	.174457	.181209 44
44.01 VASCULAR LAB	7729388	11429959	19159347	.108557	.108557	.108557 44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	7467755	2347565	9815320	.531373	.531373	.531373 47
48 INTRAVENOUS THERAPY	9488647	1091023	10579670	.385108	.385108	.385108 48
49 RESPIRATORY THERAPY	42520424	4132400	46652824	.201215	.201215	.201215 49
50 PHYSICAL THERAPY	11484107	30484704	41968811	.509948	.509948	.509948 50
51 OCCUPATIONAL THERAPY	6190944	1105922	7296866	.398220	.398220	.398220 51
52 SPEECH PATHOLOGY	1666406	386613	2053019	.401811	.401811	.401811 52
53 ELECTROCARDIOLOGY	43581885	62759211	106341096	.173493	.173493	.173493 53
55 MEDICAL SUPPLIES CHARGED TO	4341117	850007	5191124	1.014929	1.014929	1.014929 55
56 DRUGS CHARGED TO PATIENTS	84393466	162147877	246541343	.398306	.398306	.398306 56
57 RENAL DIALYSIS	3393727	21461698	24855425	.345752	.345752	.345752 57
58 ASC (NON-DISTINCT PART)	402584	10593126	10995710	.885025	.885025	.885025 58
58.01 CARDIAC CATHETER LAB	48780439	35682263	84462702	.175355	.175355	.175355 58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	112787	48758331	48871118	1.148311	1.148311	1.148311 60
60.01 CARDIAC REHAB	855	1271817	1272672	1.102034	1.102034	1.102034 60.01
60.02 GASTRO-INTESTINAL UNIT	5838695	50369824	56208519	.239532	.239532	.239532 60.02
60.03 CANCER CARE CENTER	417816	20742645	21160461	.581470	.581470	.581470 60.03
61 EMERGENCY	49752509	88128668	137881177	.222669	.222669	.222669 61
61.01 DENTAL CLINIC	27557	1374843	1402400	.633491	.633491	.633491 61.01
61.02 CHILLD & ADOLESCENT CTR.	1757	1507166	1508923	1.417535	1.417535	1.417535 61.02
61.03 ADOLESCENT DAY HOSP.	748	2591854	2592602	.566257	.566257	.578528 61.03
61.06 OP CHAPMAN CENTER	504010	7113777	7617787	.691673	.691673	.692195 61.06
62 OBSERVATION BEDS (NON-DISTI		24198998	24198998	.583011	.583011	.583011 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	1090311450	1325489195	2415800645			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1090311450	1325489195	2415800645			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				11806938		11806938	25
26 INTENSIVE CARE UNIT				1381861		1381861	26
27 CORONARY CARE UNIT				780095		780095	27
27.01 INTENSIVE CARE UNIT - GB				897187		897187	27.01
27.02 ISCU				970948		970948	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				740456		740456	31
31.01 SUBPROVIDER 2 - REHAB				412020		412020	31.01
33 NURSERY				210538		210538	33
101 TOTAL				17200043		17200043	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	124620	58355			94.74	5528553	25
26 INTENSIVE CARE UNIT	9322	5366			148.24	795456	26
27 CORONARY CARE UNIT	8348	1342			93.45	125410	27
27.01 INTENSIVE CARE UNIT - GB	3925	2012			228.58	459903	27.01
27.02 ISCU	12477				77.82		27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	7918	1891			93.52	176846	31
31.01 SUBPROVIDER 2 - REHAB	5524	3750			74.59	279713	31.01
33 NURSERY	11503				18.30		33
101 TOTAL	183637	72716				7365881	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		8096589	357196414	93521616		.022667	2119854 37
39 DELIVERY ROOM & LABOR ROOM		1792126	43538677	102108		.041162	4203 39
41 RADIOLOGY-DIAGNOSTIC		6434944	146638071	17515567		.043883	768636 41
42 RADIOLOGY-THERAPEUTIC		2701351	46877481	905014		.057626	52152 42
43 RADIOISOTOPE		1295858	38682737	3161695		.033500	105917 43
43.01 CAT SCAN		4168408	295281851	36141696		.014117	510212 43.01
44 LABORATORY		3597022	303822006	68169431		.011839	807058 44
44.01 VASCULAR LAB		195934	19159347	4734411		.010227	48419 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		250306	9815320	3472382		.025502	88553 47
48 INTRAVENOUS THERAPY		139409	10579670	5570650		.013177	73404 48
49 RESPIRATORY THERAPY		538834	46652824	19275269		.011550	222629 49
50 PHYSICAL THERAPY		1389914	41968811	6321937		.033118	209370 50
51 OCCUPATIONAL THERAPY		156373	7296866	2855585		.021430	61195 51
52 SPEECH PATHOLOGY		35434	2053019	858858		.017259	14823 52
53 ELECTROCARDIOLOGY		1972512	106341096	25950751		.018549	481360 53
55 MEDICAL SUPPLIES CHARGED TO P		1274282	5191124	1873426		.245473	459876 55
56 DRUGS CHARGED TO PATIENTS		3093361	246541343	41185160		.012547	516750 56
57 RENAL DIALYSIS		655645	24855425	2087041		.026378	55052 57
58 ASC (NON-DISTINCT PART)		944064	10995710	292053		.085857	25075 58
58.01 CARDIAC CATHETER LAB		1115292	84462702	27844051		.013205	367681 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2691300	48871118	95499		.055069	5259 60
60.01 CARDIAC REHAB		211649	1272672	207		.166303	34 60.01
60.02 GASTRO-INTESTINAL UNIT		2078337	56208519	3666133		.036975	135555 60.02
60.03 CANCER CARE CENTER		1529996	21160461	233346		.072304	16872 60.03
61 EMERGENCY		2103603	137881177	28009590		.015257	427342 61
61.01 DENTAL CLINIC		72479	1402400	11826		.051682	611 61.01
61.02 CHILD & ADOLESCENT CTR.		248966	1508923			.164996	61.02
61.03 ADOLESCENT DAY HOSP.		66845	2592602	149		.025783	4 61.03
61.06 OP CHAPMAN CENTER		425237	7617787	41660		.055822	2326 61.06
62 OBSERVATION BEDS (NON-DISTINC		1469096	24198998			.060709	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		50745166	2150665151	393897111			7580222 101

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	EDUCATION	ADJUSTMENT	COSTS
	1	2	2.01	COSTS	AMOUNT	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
27.01 INTENSIVE CARE UNIT - GB						27.01
27.02 ISCU						27.02
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
31.01 SUBPROVIDER 2 - REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	124620		58355	25
26 INTENSIVE CARE UNIT	9322		5366	26
27 CORONARY CARE UNIT	8348		1342	27
27.01 INTENSIVE CARE UNIT - GB	3925		2012	27.01
27.02 ISCU	12477			27.02
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	7918		1891	31
31.01 SUBPROVIDER 2 - REHAB	5524		3750	31.01
33 NURSERY	11503			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	183637		72716	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] 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	ALL OTHER 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				37024			37024 37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY				345430			345430 44
44.01 VASCULAR LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				219092			219092 56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				601546			601546 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37024	357196414	.000104	.000104	93521616	9726	31641385	37
39 DELIVERY ROOM & LABOR ROOM		43538677			102108		20466	39
41 RADIOLOGY-DIAGNOSTIC		146638071			17515567		28485941	41
42 RADIOLOGY-THERAPEUTIC		46877481			905014		17543665	42
43 RADIOISOTOPE		38682737			3161695		13951051	43
43.01 CAT SCAN		295281851			36141696		70262674	43.01
44 LABORATORY	345430	303822006	.001137	.001137	68169431	77509	4462343	44
44.01 VASCULAR LAB		19159347			4734411		5705066	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		9815320			3472382		896289	47
48 INTRAVENOUS THERAPY		10579670			5570650		510471	48
49 RESPIRATORY THERAPY		46652824			19275269		1964850	49
50 PHYSICAL THERAPY		41968811			6321937		8528086	50
51 OCCUPATIONAL THERAPY		7296866			2855585		533493	51
52 SPEECH PATHOLOGY		2053019			858858		244868	52
53 ELECTROCARDIOLOGY		106341096			25950751		30360035	53
55 MEDICAL SUPPLIES CHARGED TO P		5191124			1873426		444837	55
56 DRUGS CHARGED TO PATIENTS	219092	246541343	.000889	.000889	41185160	36614	59603703	56
57 RENAL DIALYSIS		24855425			2087041		14638527	57
58 ASC (NON-DISTINCT PART)		10995710			292053		3268548	58
58.01 CARDIAC CATHETER LAB		84462702			27844051		20223986	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48871118			95499		29962335	60
60.01 CARDIAC REHAB		1272672			207		703844	60.01
60.02 GASTRO-INTESTINAL UNIT		56208519			3666133		16425350	60.02
60.03 CANCER CARE CENTER		21160461			233346		10112350	60.03
61 EMERGENCY		137881177			28009590		19374199	61
61.01 DENTAL CLINIC		1402400			11826		16639	61.01
61.02 CHILD & ADOLESCENT CTR.		1508923						61.02
61.03 ADOLESCENT DAY HOSP.		2592602			149			61.03
61.06 OP CHAPMAN CENTER		7617787			41660		668943	61.06
62 OBSERVATION BEDS (NON-DISTINC		24198998						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	601546	2150665151			393897111	123849	390553944	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			3291		37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 CAT SCAN					43.01
44 LABORATORY			5074		44
44.01 VASCULAR LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS			52988		56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 CARDIAC CATHETER LAB					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHAB					60.01
60.02 GASTRO-INTESTINAL UNIT					60.02
60.03 CANCER CARE CENTER					60.03
61 EMERGENCY					61
61.01 DENTAL CLINIC					61.01
61.02 CHILD & ADOLESCENT CTR.					61.02
61.03 ADOLESCENT DAY HOSP.					61.03
61.06 OP CHAPMAN CENTER					61.06
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			61353		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0010) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
39 OPERATING ROOM	.297814	.297814	.297814			37
41 DELIVERY ROOM & LABOR ROOM	.428081	.428081	.428081			39
42 RADIOLOGY-DIAGNOSTIC	.324796	.324796	.324796			41
43 RADIOLOGY-THERAPEUTIC	.233698	.233698	.233698			42
44 RADIOISOTOPE	.210753	.210753	.210753			43
44.01 CAT SCAN	.070275	.070275	.070275			43.01
44 LABORATORY	.174457	.174457	.174457			44
44.01 VASCULAR LAB	.108557	.108557	.108557			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	.531373	.531373			47
48 INTRAVENOUS THERAPY	.385108	.385108	.385108			48
49 RESPIRATORY THERAPY	.201215	.201215	.201215			49
50 PHYSICAL THERAPY	.509948	.509948	.509948			50
51 OCCUPATIONAL THERAPY	.398220	.398220	.398220			51
52 SPEECH PATHOLOGY	.401811	.401811	.401811			52
53 ELECTROCARDIOLOGY	.173493	.173493	.173493			53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	1.014929	1.014929			55
56 DRUGS CHARGED TO PATIENTS	.398306	.398306	.398306			56
57 RENAL DIALYSIS	.345752	.345752	.345752			57
58 ASC (NON-DISTINCT PART)	.885025	.885025	.885025			58
58.01 CARDIAC CATHETER LAB	.175355	.175355	.175355			58.01
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.148311	1.148311	1.148311			60
60.01 CARDIAC REHAB	1.102034	1.102034	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	.239532	.239532			60.02
60.03 CANCER CARE CENTER	.581470	.581470	.581470			60.03
61 EMERGENCY	.222669	.222669	.222669			61
61.01 DENTAL CLINIC	.633491	.633491	.633491			61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535	1.417535	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.566257	.566257	.566257			61.03
61.06 OP CHAPMAN CENTER	.691673	.691673	.691673			61.06
62 OBSERVATION BEDS (NON-DISTINCT)	.583011	.583011	.583011			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.398306	1
2 PROGRAM VACCINE CHARGES	2	508047	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	202358	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0010) [] 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 SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		31641385	533602					37
39 DELIVERY ROOM & LABOR ROOM		20466						39
41 RADIOLOGY-DIAGNOSTIC		28485941						41
42 RADIOLOGY-THERAPEUTIC		17543665						42
43 RADIOISOTOPE		13951051						43
43.01 CAT SCAN		70262674						43.01
44 LABORATORY		4462343						44
44.01 VASCULAR LAB		5705066						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		896289						47
48 INTRAVENOUS THERAPY		510471						48
49 RESPIRATORY THERAPY		1964850						49
50 PHYSICAL THERAPY		8528086						50
51 OCCUPATIONAL THERAPY		533493						51
52 SPEECH PATHOLOGY		244868						52
53 ELECTROCARDIOLOGY		30360035						53
55 MEDICAL SUPPLIES CHARGED TO PA		444837						55
56 DRUGS CHARGED TO PATIENTS		59603703	4318					56
57 RENAL DIALYSIS		14638527						57
58 ASC (NON-DISTINCT PART)		3268548						58
58.01 CARDIAC CATHETER LAB		20223986						58.01
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		29962335						60
60.01 CARDIAC REHAB		703844						60.01
60.02 GASTRO-INTESTINAL UNIT		16425350						60.02
60.03 CANCER CARE CENTER		10112350	865					60.03
61 EMERGENCY		19374199						61
61.01 DENTAL CLINIC		16639						61.01
61.02 CHILD & ADOLESCENT CTR.								61.02
61.03 ADOLESCENT DAY HOSP.								61.03
61.06 OP CHAPMAN CENTER		668943						61.06
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		390553944	538785					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		390553944	538785					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0010) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		9423247	158914				37
39 DELIVERY ROOM & LABOR ROOM		8761					39
41 RADIOLOGY-DIAGNOSTIC		9252120					41
42 RADIOLOGY-THERAPEUTIC		4099919					42
43 RADIOISOTOPE		2940226					43
43.01 CAT SCAN		4937709					43.01
44 LABORATORY		778487					44
44.01 VASCULAR LAB		619325					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		476264					47
48 INTRAVENOUS THERAPY		196586					48
49 RESPIRATORY THERAPY		395357					49
50 PHYSICAL THERAPY		4348880					50
51 OCCUPATIONAL THERAPY		212448					51
52 SPEECH PATHOLOGY		98391					52
53 ELECTROCARDIOLOGY		5267254					53
55 MEDICAL SUPPLIES CHARGED TO PAT		451478					55
56 DRUGS CHARGED TO PATIENTS		23740513	1720				56
57 RENAL DIALYSIS		5061300					57
58 ASC (NON-DISTINCT PART)		2892747					58
58.01 CARDIAC CATHETER LAB		3546377					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		34406079					60
60.01 CARDIAC REHAB		775660					60.01
60.02 GASTRO-INTESTINAL UNIT		3934397					60.02
60.03 CANCER CARE CENTER		5880028	503				60.03
61 EMERGENCY		4314034					61
61.01 DENTAL CLINIC		10541					61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER		462690					61.06
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		128530818	161137				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		128530818	161137				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S010) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		8096589	357196414			.022667	2719 37
39 DELIVERY ROOM & LABOR ROOM		1792126	43538677			.041162	39
41 RADIOLOGY-DIAGNOSTIC		6434944	146638071	30404		.043883	1334 41
42 RADIOLOGY-THERAPEUTIC		2701351	46877481			.057626	42
43 RADIOISOTOPE		1295858	38682737	5209		.033500	175 43
43.01 CAT SCAN		4168408	295281851	101704		.014117	1436 43.01
44 LABORATORY		3597022	303822006	505969		.011839	5990 44
44.01 VASCULAR LAB		195934	19159347	8284		.010227	85 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		250306	9815320	283		.025502	7 47
48 INTRAVENOUS THERAPY		139409	10579670	2705		.013177	36 48
49 RESPIRATORY THERAPY		538834	46652824	33047		.011550	382 49
50 PHYSICAL THERAPY		1389914	41968811	24926		.033118	825 50
51 OCCUPATIONAL THERAPY		156373	7296866	1263		.021430	27 51
52 SPEECH PATHOLOGY		35434	2053019	1882		.017259	32 52
53 ELECTROCARDIOLOGY		1972512	106341096	49642		.018549	921 53
55 MEDICAL SUPPLIES CHARGED TO P		1274282	5191124	515		.245473	126 55
56 DRUGS CHARGED TO PATIENTS		3093361	246541343	456381		.012547	5726 56
57 RENAL DIALYSIS		655645	24855425			.026378	57
58 ASC (NON-DISTINCT PART)		944064	10995710			.085857	58
58.01 CARDIAC CATHETER LAB		1115292	84462702			.013205	58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2691300	48871118	714		.055069	39 60
60.01 CARDIAC REHAB		211649	1272672			.166303	60.01
60.02 GASTRO-INTESTINAL UNIT		2078337	56208519			.036975	60.02
60.03 CANCER CARE CENTER		1529996	21160461	1708		.072304	123 60.03
61 EMERGENCY		2103603	137881177	283744		.015257	4329 61
61.01 DENTAL CLINIC		72479	1402400			.051682	61.01
61.02 CHILD & ADOLESCENT CTR.		248966	1508923			.164996	61.02
61.03 ADOLESCENT DAY HOSP.		66845	2592602			.025783	61.03
61.06 OP CHAPMAN CENTER		425237	7617787	62447		.055822	3486 61.06
62 OBSERVATION BEDS (NON-DISTINC		1469096	24198998			.060709	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		50745166	2150665151	1690761			27798 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-S010) [] 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				37024			37024 37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY				345430			345430 44
44.01 VASCULAR LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				219092			219092 56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				601546			601546 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-S010) [] 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	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37024	357196414	.000104	.000104	119934	12	12637	37
39 DELIVERY ROOM & LABOR ROOM		43538677						39
41 RADIOLOGY-DIAGNOSTIC		146638071			30404			41
42 RADIOLOGY-THERAPEUTIC		46877481						42
43 RADIOISOTOPE		38682737			5209			43
43.01 CAT SCAN		295281851			101704			43.01
44 LABORATORY	345430	303822006	.001137	.001137	505969	575		44
44.01 VASCULAR LAB		19159347			8284			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		9815320			283			47
48 INTRAVENOUS THERAPY		10579670			2705			48
49 RESPIRATORY THERAPY		46652824			33047			49
50 PHYSICAL THERAPY		41968811			24926			50
51 OCCUPATIONAL THERAPY		7296866			1263			51
52 SPEECH PATHOLOGY		2053019			1882			52
53 ELECTROCARDIOLOGY		106341096			49642			53
55 MEDICAL SUPPLIES CHARGED TO P		5191124			515			55
56 DRUGS CHARGED TO PATIENTS	219092	246541343	.000889	.000889	456381	406	91033	56
57 RENAL DIALYSIS		24855425						57
58 ASC (NON-DISTINCT PART)		10995710						58
58.01 CARDIAC CATHETER LAB		84462702						58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48871118			714			60
60.01 CARDIAC REHAB		1272672						60.01
60.02 GASTRO-INTESTINAL UNIT		56208519						60.02
60.03 CANCER CARE CENTER		21160461			1708			60.03
61 EMERGENCY		137881177			283744			61
61.01 DENTAL CLINIC		1402400						61.01
61.02 CHILD & ADOLESCENT CTR.		1508923						61.02
61.03 ADOLESCENT DAY HOSP.		2592602						61.03
61.06 OP CHAPMAN CENTER		7617787			62447			61.06
62 OBSERVATION BEDS (NON-DISTINC		24198998						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	601546	2150665151			1690761	993	103670	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-S010) [] 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			1		37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 CAT SCAN					43.01
44 LABORATORY					44
44.01 VASCULAR LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS			81		56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 CARDIAC CATHETER LAB					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHAB					60.01
60.02 GASTRO-INTESTINAL UNIT					60.02
60.03 CANCER CARE CENTER					60.03
61 EMERGENCY					61
61.01 DENTAL CLINIC					61.01
61.02 CHILD & ADOLESCENT CTR.					61.02
61.03 ADOLESCENT DAY HOSP.					61.03
61.06 OP CHAPMAN CENTER					61.06
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			82		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S010) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
39 OPERATING ROOM	.297814	.297814	.297814			37
41 DELIVERY ROOM & LABOR ROOM	.428081	.428081	.428081			39
42 RADIOLOGY-DIAGNOSTIC	.324796	.324796	.324796			41
43 RADIOLOGY-THERAPEUTIC	.233698	.233698	.233698			42
44 RADIOISOTOPE	.210753	.210753	.210753			43
44.01 CAT SCAN	.070275	.070275	.070275			43.01
44 LABORATORY	.174457	.174457	.174457			44
44.01 VASCULAR LAB	.108557	.108557	.108557			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	.531373	.531373			47
48 INTRAVENOUS THERAPY	.385108	.385108	.385108			48
49 RESPIRATORY THERAPY	.201215	.201215	.201215			49
50 PHYSICAL THERAPY	.509948	.509948	.509948			50
51 OCCUPATIONAL THERAPY	.398220	.398220	.398220			51
52 SPEECH PATHOLOGY	.401811	.401811	.401811			52
53 ELECTROCARDIOLOGY	.173493	.173493	.173493			53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	1.014929	1.014929			55
56 DRUGS CHARGED TO PATIENTS	.398306	.398306	.398306			56
57 RENAL DIALYSIS	.345752	.345752	.345752			57
58 ASC (NON-DISTINCT PART)	.885025	.885025	.885025			58
58.01 CARDIAC CATHETER LAB	.175355	.175355	.175355			58.01
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.148311	1.148311	1.148311			60
60.01 CARDIAC REHAB	1.102034	1.102034	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	.239532	.239532			60.02
60.03 CANCER CARE CENTER	.581470	.581470	.581470			60.03
61 EMERGENCY	.222669	.222669	.222669			61
61.01 DENTAL CLINIC	.633491	.633491	.633491			61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535	1.417535	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.566257	.566257	.566257			61.03
61.06 OP CHAPMAN CENTER	.691673	.691673	.691673			61.06
62 OBSERVATION BEDS (NON-DISTINCT)	.583011	.583011	.583011			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.398306	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S010) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12637						37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
43.01 CAT SCAN								43.01
44 LABORATORY								44
44.01 VASCULAR LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		91033						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
58.01 CARDIAC CATHETER LAB								58.01
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CARDIAC REHAB								60.01
60.02 GASTRO-INTESTINAL UNIT								60.02
60.03 CANCER CARE CENTER								60.03
61 EMERGENCY								61
61.01 DENTAL CLINIC								61.01
61.02 CHILD & ADOLESCENT CTR.								61.02
61.03 ADOLESCENT DAY HOSP.								61.03
61.06 OP CHAPMAN CENTER								61.06
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		103670						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		103670						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S010) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3763					37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY							44
44.01 VASCULAR LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		36259					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		40022					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		40022					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T010)

COST CENTER DESCRIPTION	OLD	NEW	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	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		8096589	357196414			.022667	2102 37
39 DELIVERY ROOM & LABOR ROOM		1792126	43538677			.041162	39
41 RADIOLOGY-DIAGNOSTIC		6434944	146638071	231635		.043883	10165 41
42 RADIOLOGY-THERAPEUTIC		2701351	46877481	116917		.057626	6737 42
43 RADIOISOTOPE		1295858	38682737	23079		.033500	773 43
43.01 CAT SCAN		4168408	295281851	453332		.014117	6400 43.01
44 LABORATORY		3597022	303822006	906473		.011839	10732 44
44.01 VASCULAR LAB		195934	19159347	152959		.010227	1564 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		250306	9815320	30114		.025502	768 47
48 INTRAVENOUS THERAPY		139409	10579670	72797		.013177	959 48
49 RESPIRATORY THERAPY		538834	46652824	330881		.011550	3822 49
50 PHYSICAL THERAPY		1389914	41968811	1256933		.033118	41627 50
51 OCCUPATIONAL THERAPY		156373	7296866	1222697		.021430	26202 51
52 SPEECH PATHOLOGY		35434	2053019	376794		.017259	6503 52
53 ELECTROCARDIOLOGY		1972512	106341096	73138		.018549	1357 53
55 MEDICAL SUPPLIES CHARGED TO P		1274282	5191124	73099		.245473	17944 55
56 DRUGS CHARGED TO PATIENTS		3093361	246541343	1229860		.012547	15431 56
57 RENAL DIALYSIS		655645	24855425	107737		.026378	2842 57
58 ASC (NON-DISTINCT PART)		944064	10995710			.085857	58
58.01 CARDIAC CATHETER LAB		1115292	84462702	56273		.013205	743 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2691300	48871118	236		.055069	13 60
60.01 CARDIAC REHAB		211649	1272672			.166303	60.01
60.02 GASTRO-INTESTINAL UNIT		2078337	56208519	25773		.036975	953 60.02
60.03 CANCER CARE CENTER		1529996	21160461			.072304	60.03
61 EMERGENCY		2103603	137881177	17136		.015257	261 61
61.01 DENTAL CLINIC		72479	1402400	748		.051682	39 61.01
61.02 CHILD & ADOLESCENT CTR.		248966	1508923			.164996	61.02
61.03 ADOLESCENT DAY HOSP.		66845	2592602			.025783	61.03
61.06 OP CHAPMAN CENTER		425237	7617787	1325		.055822	74 61.06
62 OBSERVATION BEDS (NON-DISTINC		1469096	24198998			.060709	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		50745166	2150665151	6852686			158011 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T010) [] 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				37024			37024	37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
43.01 CAT SCAN								43.01
44 LABORATORY				345430			345430	44
44.01 VASCULAR LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				219092			219092	56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
58.01 CARDIAC CATHETER LAB								58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CARDIAC REHAB								60.01
60.02 GASTRO-INTESTINAL UNIT								60.02
60.03 CANCER CARE CENTER								60.03
61 EMERGENCY								61
61.01 DENTAL CLINIC								61.01
61.02 CHILD & ADOLESCENT CTR.								61.02
61.03 ADOLESCENT DAY HOSP.								61.03
61.06 OP CHAPMAN CENTER								61.06
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				601546			601546	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T010) [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	RATIO OF COST	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	37024	357196414	.000104	.000104	92750	10	37
39 DELIVERY ROOM & LABOR ROOM		43538677					39
41 RADIOLOGY-DIAGNOSTIC		146638071			231635		41
42 RADIOLOGY-THERAPEUTIC		46877481			116917		42
43 RADIOISOTOPE		38682737			23079		43
43.01 CAT SCAN		295281851			453332		43.01
44 LABORATORY	345430	303822006	.001137	.001137	906473	1031	44
44.01 VASCULAR LAB		19159347			152959		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		9815320			30114		47
48 INTRAVENOUS THERAPY		10579670			72797		48
49 RESPIRATORY THERAPY		46652824			330881		49
50 PHYSICAL THERAPY		41968811			1256933		50
51 OCCUPATIONAL THERAPY		7296866			1222697		51
52 SPEECH PATHOLOGY		2053019			376794		52
53 ELECTROCARDIOLOGY		106341096			73138		53
55 MEDICAL SUPPLIES CHARGED TO P		5191124			73099		55
56 DRUGS CHARGED TO PATIENTS	219092	246541343	.000889	.000889	1229860	1093	56
57 RENAL DIALYSIS		24855425			107737		57
58 ASC (NON-DISTINCT PART)		10995710					58
58.01 CARDIAC CATHETER LAB		84462702			56273		58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		48871118			236		60
60.01 CARDIAC REHAB		1272672					60.01
60.02 GASTRO-INTESTINAL UNIT		56208519			25773		60.02
60.03 CANCER CARE CENTER		21160461					60.03
61 EMERGENCY		137881177			17136		61
61.01 DENTAL CLINIC		1402400			748		61.01
61.02 CHILD & ADOLESCENT CTR.		1508923					61.02
61.03 ADOLESCENT DAY HOSP.		2592602					61.03
61.06 OP CHAPMAN CENTER		7617787			1325		61.06
62 OBSERVATION BEDS (NON-DISTINC		24198998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	601546	2150665151			6852686	2134	3103 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T010) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
43.01 CAT SCAN						43.01
44 LABORATORY						44
44.01 VASCULAR LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
58.01 CARDIAC CATHETER LAB						58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CARDIAC REHAB						60.01
60.02 GASTRO-INTESTINAL UNIT						60.02
60.03 CANCER CARE CENTER						60.03
61 EMERGENCY						61
61.01 DENTAL CLINIC						61.01
61.02 CHILD & ADOLESCENT CTR.						61.02
61.03 ADOLESCENT DAY HOSP.						61.03
61.06 OP CHAPMAN CENTER						61.06
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T010)
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
39 OPERATING ROOM	.297814	.297814	.297814			37
41 DELIVERY ROOM & LABOR ROOM	.428081	.428081	.428081			39
42 RADIOLOGY-DIAGNOSTIC	.324796	.324796	.324796			41
43 RADIOLOGY-THERAPEUTIC	.233698	.233698	.233698			42
44 RADIOISOTOPE	.210753	.210753	.210753			43
43.01 CAT SCAN	.070275	.070275	.070275			43.01
44 LABORATORY	.174457	.174457	.174457			44
44.01 VASCULAR LAB	.108557	.108557	.108557			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	.531373	.531373			47
48 INTRAVENOUS THERAPY	.385108	.385108	.385108			48
49 RESPIRATORY THERAPY	.201215	.201215	.201215			49
50 PHYSICAL THERAPY	.509948	.509948	.509948			50
51 OCCUPATIONAL THERAPY	.398220	.398220	.398220			51
52 SPEECH PATHOLOGY	.401811	.401811	.401811			52
53 ELECTROCARDIOLOGY	.173493	.173493	.173493			53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	1.014929	1.014929			55
56 DRUGS CHARGED TO PATIENTS	.398306	.398306	.398306			56
57 RENAL DIALYSIS	.345752	.345752	.345752			57
58 ASC (NON-DISTINCT PART)	.885025	.885025	.885025			58
58.01 CARDIAC CATHETER LAB	.175355	.175355	.175355			58.01
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.148311	1.148311	1.148311			60
60.01 CARDIAC REHAB	1.102034	1.102034	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	.239532	.239532			60.02
60.03 CANCER CARE CENTER	.581470	.581470	.581470			60.03
61 EMERGENCY	.222669	.222669	.222669			61
61.01 DENTAL CLINIC	.633491	.633491	.633491			61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535	1.417535	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.566257	.566257	.566257			61.03
61.06 OP CHAPMAN CENTER	.691673	.691673	.691673			61.06
62 OBSERVATION BEDS (NON-DISTINCT)	.583011	.583011	.583011			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	
2 PROGRAM VACCINE CHARGES	.398306	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T010) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER 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								37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC			1431					41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
43.01 CAT SCAN								43.01
44 LABORATORY								44
44.01 VASCULAR LAB			1320					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			352					53
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
58.01 CARDIAC CATHETER LAB								58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CARDIAC REHAB								60.01
60.02 GASTRO-INTESTINAL UNIT								60.02
60.03 CANCER CARE CENTER								60.03
61 EMERGENCY								61
61.01 DENTAL CLINIC								61.01
61.02 CHILD & ADOLESCENT CTR.								61.02
61.03 ADOLESCENT DAY HOSP.								61.03
61.06 OP CHAPMAN CENTER								61.06
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL			3103					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			3103					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T010) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC			465				41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY							44
44.01 VASCULAR LAB			143				44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			61				53
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			669				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			669				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5855) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY							44
44.01 VASCULAR LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5855) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 CAT SCAN							43.01
44 LABORATORY							44
44.01 VASCULAR LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 CARDIAC CATHETER LAB							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIAC REHAB							60.01
60.02 GASTRO-INTESTINAL UNIT							60.02
60.03 CANCER CARE CENTER							60.03
61 EMERGENCY							61
61.01 DENTAL CLINIC							61.01
61.02 CHILD & ADOLESCENT CTR.							61.02
61.03 ADOLESCENT DAY HOSP.							61.03
61.06 OP CHAPMAN CENTER							61.06
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5855)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 CAT SCAN					43.01
44 LABORATORY					44
44.01 VASCULAR LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 CARDIAC CATHETER LAB					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHAB					60.01
60.02 GASTRO-INTESTINAL UNIT					60.02
60.03 CANCER CARE CENTER					60.03
61 EMERGENCY					61
61.01 DENTAL CLINIC					61.01
61.02 CHILD & ADOLESCENT CTR.					61.02
61.03 ADOLESCENT DAY HOSP.					61.03
61.06 OP CHAPMAN CENTER					61.06
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	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				11806938		11806938	25
26 INTENSIVE CARE UNIT				1381861		1381861	26
27 CORONARY CARE UNIT				780095		780095	27
27.01 INTENSIVE CARE UNIT - GB				897187		897187	27.01
27.02 ISCU				970948		970948	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				740456		740456	31
31.01 SUBPROVIDER 2 - REHAB				412020		412020	31.01
33 NURSERY				210538		210538	33
101 TOTAL				17200043		17200043	101

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	124620	9165			94.74	868292	25
26 INTENSIVE CARE UNIT	9322	803			148.24	119037	26
27 CORONARY CARE UNIT	8348	44			93.45	4112	27
27.01 INTENSIVE CARE UNIT - GB	3925	189			228.58	43202	27.01
27.02 ISCU	12477	5442			77.82	423496	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	7918	663			93.52	62004	31
31.01 SUBPROVIDER 2 - REHAB	5524	303			74.59	22601	31.01
33 NURSERY	11503	1664			18.30	30451	33
101 TOTAL	183637	18273				1573195	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8096589	357196414	6276587		.022667	142271	37
39 DELIVERY ROOM & LABOR ROOM		1792126	43538677	10239921		.041162	421496	39
41 RADIOLOGY-DIAGNOSTIC		6434944	146638071	2073884		.043883	91008	41
42 RADIOLOGY-THERAPEUTIC		2701351	46877481	128475		.057626	7404	42
43 RADIOISOTOPE		1295858	38682737	190834		.033500	6393	43
43.01 CAT SCAN		4168408	295281851	3183325		.014117	44939	43.01
44 LABORATORY		3597022	303822006	7456066		.011839	88272	44
44.01 VASCULAR LAB		195934	19159347	275687		.010227	2819	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		250306	9815320	579085		.025502	14768	47
48 INTRAVENOUS THERAPY		139409	10579670	482384		.013177	6356	48
49 RESPIRATORY THERAPY		538834	46652824	6261265		.011550	72318	49
50 PHYSICAL THERAPY		1389914	41968811	415895		.033118	13774	50
51 OCCUPATIONAL THERAPY		156373	7296866	266672		.021430	5715	51
52 SPEECH PATHOLOGY		35434	2053019	56563		.017259	976	52
53 ELECTROCARDIOLOGY		1972512	106341096	1561908		.018549	28972	53
55 MEDICAL SUPPLIES CHARGED TO P		1274282	5191124	246324		.245473	60466	55
56 DRUGS CHARGED TO PATIENTS		3093361	246541343	5605978		.012547	70338	56
57 RENAL DIALYSIS		655645	24855425	171869		.026378	4534	57
58 ASC (NON-DISTINCT PART)		944064	10995710	1892		.085857	162	58
58.01 CARDIAC CATHETER LAB		1115292	84462702	966820		.013205	12767	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2691300	48871118	16338		.055069	900	60
60.01 CARDIAC REHAB		211649	1272672			.166303		60.01
60.02 GASTRO-INTESTINAL UNIT		2078337	56208519	224066		.036975	8285	60.02
60.03 CANCER CARE CENTER		1529996	21160461	8177		.072304	591	60.03
61 EMERGENCY		2103603	137881177	2521530		.015257	38471	61
61.01 DENTAL CLINIC		72479	1402400	1814		.051682	94	61.01
61.02 CHILD & ADOLESCENT CTR.		248966	1508923	1717		.164996	283	61.02
61.03 ADOLESCENT DAY HOSP.		66845	2592602			.025783		61.03
61.06 OP CHAPMAN CENTER		425237	7617787	12252		.055822	684	61.06
62 OBSERVATION BEDS (NON-DISTINC		1469096	24198998			.060709		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		50745166	2150665151	49227328			1145056	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	EDUCATION	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
27.01 INTENSIVE CARE UNIT - GB						27.01
27.02 ISCU						27.02
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
31.01 SUBPROVIDER 2 - REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM 6	INPATIENT	INPATIENT
	PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	124620		9165	25
26 INTENSIVE CARE UNIT	9322		803	26
27 CORONARY CARE UNIT	8348		44	27
27.01 INTENSIVE CARE UNIT - GB	3925		189	27.01
27.02 ISCU	12477		5442	27.02
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	7918		663	31
31.01 SUBPROVIDER 2 - REHAB	5524		303	31.01
33 NURSERY	11503		1664	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	183637		18273	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		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				37024			37024	37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
43.01 CAT SCAN								43.01
44 LABORATORY				345430			345430	44
44.01 VASCULAR LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				219092			219092	56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
58.01 CARDIAC CATHETER LAB								58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CARDIAC REHAB								60.01
60.02 GASTRO-INTESTINAL UNIT								60.02
60.03 CANCER CARE CENTER								60.03
61 EMERGENCY								61
61.01 DENTAL CLINIC								61.01
61.02 CHILD & ADOLESCENT CTR.								61.02
61.03 ADOLESCENT DAY HOSP.								61.03
61.06 OP CHAPMAN CENTER								61.06
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				601546			601546	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	37024	357196414	.000104	.000104	6276587	653	37
39 DELIVERY ROOM & LABOR ROOM		43538677			10239921		39
41 RADIOLOGY-DIAGNOSTIC		146638071			2073884		41
42 RADIOLOGY-THERAPEUTIC		46877481			128475		42
43 RADIOISOTOPE		38682737			190834		43
43.01 CAT SCAN		295281851			3183325		43.01
44 LABORATORY	345430	303822006	.001137	.001137	7456066	8478	44
44.01 VASCULAR LAB		19159347			275687		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		9815320			579085		47
48 INTRAVENOUS THERAPY		10579670			482384		48
49 RESPIRATORY THERAPY		46652824			6261265		49
50 PHYSICAL THERAPY		41968811			415895		50
51 OCCUPATIONAL THERAPY		7296866			266672		51
52 SPEECH PATHOLOGY		2053019			56563		52
53 ELECTROCARDIOLOGY		106341096			1561908		53
55 MEDICAL SUPPLIES CHARGED TO P		5191124			246324		55
56 DRUGS CHARGED TO PATIENTS	219092	246541343	.000889	.000889	5605978	4984	56
57 RENAL DIALYSIS		24855425			171869		57
58 ASC (NON-DISTINCT PART)		10995710			1892		58
58.01 CARDIAC CATHETER LAB		84462702			966820		58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		48871118			16338		60
60.01 CARDIAC REHAB		1272672					60.01
60.02 GASTRO-INTESTINAL UNIT		56208519			224066		60.02
60.03 CANCER CARE CENTER		21160461			8177		60.03
61 EMERGENCY		137881177			2521530		61
61.01 DENTAL CLINIC		1402400			1814		61.01
61.02 CHILD & ADOLESCENT CTR.		1508923			1717		61.02
61.03 ADOLESCENT DAY HOSP.		2592602					61.03
61.06 OP CHAPMAN CENTER		7617787			12252		61.06
62 OBSERVATION BEDS (NON-DISTINC		24198998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	601546	2150665151			49227328	14115	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
43.01 CAT SCAN						43.01
44 LABORATORY						44
44.01 VASCULAR LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
58.01 CARDIAC CATHETER LAB						58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CARDIAC REHAB						60.01
60.02 GASTRO-INTESTINAL UNIT						60.02
60.03 CANCER CARE CENTER						60.03
61 EMERGENCY						61
61.01 DENTAL CLINIC						61.01
61.02 CHILD & ADOLESCENT CTR.						61.02
61.03 ADOLESCENT DAY HOSP.						61.03
61.06 OP CHAPMAN CENTER						61.06
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0010)	SUB I (PPS) (14-S010)	SUB II (PPS) (14-T010)	SUB III	SUB IV	SNF (PPS) (14-5855)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	124620	7918	5524				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	124620	7918	5524				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	124620	7918	5524				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)	58355	1891	3750				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) (14-0010)	SUB I (PPS) (14-S010)	SUB II (PPS) (14-T010)	SUB III	SUB IV	SNF (PPS) (14-5855)	
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	113386593	8613575	4617556				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	113386593	8613575	4617556				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	152363906	11393636	6338119				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	152363906	11393636	6338119				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.744183	.755999	.728537				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1222.63	1438.95	1147.38				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	113386593	8613575	4617556				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) (14-0010)	SUB I (PPS) (14-S010)	SUB II (PPS) (14-T010)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	909.86	1087.85	835.91		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	53094880	2057124	3134663		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	53094880	2057124	3134663		41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	17511989	9322	1878.57	5366	10080407 43
44	CORONARY CARE UNIT	10257679	8348	1228.76	1342	1648996 44
44.01	INTENSIVE CARE UNIT - GB	8191215	3925	2086.93	2012	4198903 44.01
44.02	ISCU	15374115	12477	1232.20		44.02
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (PPS) (14-0010)	SUB I (PPS) (14-S010)	SUB II (PPS) (14-T010)	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	98531509	467396	2373754		48
49	TOTAL PROGRAM INPATIENT COSTS	167554695	2524520	5508417		49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6909322	176846	279713		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	7704071	28791	160145		51
52	TOTAL PROGRAM EXCLUDABLE COST	14613393	205637	439858		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	152941302	2318883	5068559		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) (14-0010)	SUB I (PPS) (14-S010)	SUB II (PPS) (14-T010)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF
(PPS)
(14-5855)
1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (14-0010)(14-S010)(14-T010)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	15506	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	909.86	84
85 OBSERVATION BED COST	14108289	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		113386593		14108289		86
87 NEW CAPITAL-RELATED COST	11806938	113386593	.104130	14108289	1469096	87
88 NON PHYSICIAN ANESTHETIST		113386593		14108289		88
89 NURSING SCHOOL		113386593		14108289		89
89.01 ALLIED HEALTH		113386593		14108289		89.01
89.02 ALL OTHER		113386593		14108289		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	124620					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	124620					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	124620					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)	9165					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	11503					15
16 TITLE V OR XIX NURSERY DAYS	1664					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	113346840						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	113346840						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	152363906						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	152363906						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.743922						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1222.63						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	113346840						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	909.54					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8335934					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8335934					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)	5443803	11503	473.25	1664	787488	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	17511989	9322	1878.57	803	1508492	43
44 CORONARY CARE UNIT	10257679	8348	1228.76	44	54065	44
44.01 INTENSIVE CARE UNIT - GB	8191215	3925	2086.93	189	394430	44.01
44.02 ISCU	15374115	12477	1232.20	5442	6705632	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	14280571					48
49 TOTAL PROGRAM INPATIENT COSTS	32066612					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1488590					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1159171					51
52 TOTAL PROGRAM EXCLUDABLE COST	2647761					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		117	21			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
03/04/2010 07:53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0010)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	15506	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	909.86	84
85 OBSERVATION BED COST	14108289	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0010) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		84470240		25
26 INTENSIVE CARE UNIT		14864512		26
27 CORONARY CARE UNIT		9922241		27
27.01 INTENSIVE CARE UNIT - GB		7527317		27.01
27.02 ISCU				27.02
31 SUBPROVIDER 1				31
31.01 SUBPROVIDER 2 - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.297814	93521616	27852047	37
39 DELIVERY ROOM & LABOR ROOM	.428081	102108	43710	39
41 RADIOLOGY-DIAGNOSTIC	.324796	17515567	5688986	41
42 RADIOLOGY-THERAPEUTIC	.237762	905014	215178	42
43 RADIOISOTOPE	.215772	3161695	682205	43
43.01 CAT SCAN	.070275	36141696	2539858	43.01
44 LABORATORY	.181209	68169431	12352914	44
44.01 VASCULAR LAB	.108557	4734411	513953	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	3472382	1845130	47
48 INTRAVENOUS THERAPY	.385108	5570650	2145302	48
49 RESPIRATORY THERAPY	.201215	19275269	3878473	49
50 PHYSICAL THERAPY	.509948	6321937	3223859	50
51 OCCUPATIONAL THERAPY	.398220	2855585	1137151	51
52 SPEECH PATHOLOGY	.401811	858858	345099	52
53 ELECTROCARDIOLOGY	.173493	25950751	4502274	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	1873426	1901394	55
56 DRUGS CHARGED TO PATIENTS	.398306	41185160	16404296	56
57 RENAL DIALYSIS	.345752	2087041	721599	57
58 ASC (NON-DISTINCT PART)	.885025	292053	258474	58
58.01 CARDIAC CATHETER LAB	.175355	27844051	4882594	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.148311	95499	109663	60
60.01 CARDIAC REHAB	1.102034	207	228	60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	3666133	878156	60.02
60.03 CANCER CARE CENTER	.581470	233346	135684	60.03
61 EMERGENCY	.222669	28009590	6236867	61
61.01 DENTAL CLINIC	.633491	11826	7492	61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.578528	149	86	61.03
61.06 OP CHAPMAN CENTER	.692195	41660	28837	61.06
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.583011			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		393897111	98531509	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		393897111		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S010)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 INTENSIVE CARE UNIT - GB				27.01
27.02 ISCU				27.02
31 SUBPROVIDER I		2763520		31
31.01 SUBPROVIDER 2 - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.297814	119934	35718	37
39 DELIVERY ROOM & LABOR ROOM	.428081			39
41 RADIOLOGY-DIAGNOSTIC	.324796	30404	9875	41
42 RADIOLOGY-THERAPEUTIC	.237762			42
43 RADIOISOTOPE	.215772	5209	1124	43
43.01 CAT SCAN	.070275	101704	7147	43.01
44 LABORATORY	.181209	505969	91686	44
44.01 VASCULAR LAB	.108557	8284	899	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	283	150	47
48 INTRAVENOUS THERAPY	.385108	2705	1042	48
49 RESPIRATORY THERAPY	.201215	33047	6650	49
50 PHYSICAL THERAPY	.509948	24926	12711	50
51 OCCUPATIONAL THERAPY	.398220	1263	503	51
52 SPEECH PATHOLOGY	.401811	1882	756	52
53 ELECTROCARDIOLOGY	.173493	49642	8613	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	515	523	55
56 DRUGS CHARGED TO PATIENTS	.398306	456381	181779	56
57 RENAL DIALYSIS	.345752			57
58 ASC (NON-DISTINCT PART)	.885025			58
58.01 CARDIAC CATHETER LAB	.175355			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.148311	714	820	60
60.01 CARDIAC REHAB	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532			60.02
60.03 CANCER CARE CENTER	.581470	1708	993	60.03
61 EMERGENCY	.222669	283744	63181	61
61.01 DENTAL CLINIC	.633491			61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.578528			61.03
61.06 OP CHAPMAN CENTER	.692195	62447	43226	61.06
62 OBSERVATION BEDS (NON-DISTINCT	.583011			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1690761	467396	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1690761		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T010)	[] 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				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 INTENSIVE CARE UNIT - GB				27.01
27.02 ISCU				27.02
31 SUBPROVIDER I				31
31.01 SUBPROVIDER 2 - REHAB		4214591		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.297814	92750	27622	37
39 DELIVERY ROOM & LABOR ROOM	.428081			39
41 RADIOLOGY-DIAGNOSTIC	.324796	231635	75234	41
42 RADIOLOGY-THERAPEUTIC	.237762	116917	27798	42
43 RADIOISOTOPE	.215772	23079	4980	43
43.01 CAT SCAN	.070275	453332	31858	43.01
44 LABORATORY	.181209	906473	164261	44
44.01 VASCULAR LAB	.108557	152959	16605	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	30114	16002	47
48 INTRAVENOUS THERAPY	.385108	72797	28035	48
49 RESPIRATORY THERAPY	.201215	330881	66578	49
50 PHYSICAL THERAPY	.509948	1256933	640970	50
51 OCCUPATIONAL THERAPY	.398220	1222697	486902	51
52 SPEECH PATHOLOGY	.401811	376794	151400	52
53 ELECTROCARDIOLOGY	.173493	73138	12689	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	73099	74190	55
56 DRUGS CHARGED TO PATIENTS	.398306	1229860	489861	56
57 RENAL DIALYSIS	.345752	107737	37250	57
58 ASC (NON-DISTINCT PART)	.885025			58
58.01 CARDIAC CATHETER LAB	.175355	56273	9868	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.148311	236	271	60
60.01 CARDIAC REHAB	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	25773	6173	60.02
60.03 CANCER CARE CENTER	.581470			60.03
61 EMERGENCY	.222669	17136	3816	61
61.01 DENTAL CLINIC	.633491	748	474	61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535			61.02
61.03 ADOLESCENT DAY HOSP.	.578528			61.03
61.06 OP CHAPMAN CENTER	.692195	1325	917	61.06
62 OBSERVATION BEDS (NON-DISTINCT	.583011			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6852686	2373754	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6852686		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5855)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.01 INTENSIVE CARE UNIT - GB			27.01
27.02 ISCU			27.02
31 SUBPROVIDER 1			31
31.01 SUBPROVIDER 2 - REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.297814		37
39 DELIVERY ROOM & LABOR ROOM	.428081		39
41 RADIOLOGY-DIAGNOSTIC	.324796		41
42 RADIOLOGY-THERAPEUTIC	.233698		42
43 RADIOISOTOPE	.210753		43
43.01 CAT SCAN	.070275		43.01
44 LABORATORY	.174457		44
44.01 VASCULAR LAB	.108557		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.531373		47
48 INTRAVENOUS THERAPY	.385108		48
49 RESPIRATORY THERAPY	.201215		49
50 PHYSICAL THERAPY	.509948		50
51 OCCUPATIONAL THERAPY	.398220		51
52 SPEECH PATHOLOGY	.401811		52
53 ELECTROCARDIOLOGY	.173493		53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929		55
56 DRUGS CHARGED TO PATIENTS	.398306		56
57 RENAL DIALYSIS	.345752		57
58 ASC (NON-DISTINCT PART)	.885025		58
58.01 CARDIAC CATHETER LAB	.175355		58.01
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.148311		60
60.01 CARDIAC REHAB	1.102034		60.01
60.02 GASTRO-INTESTINAL UNIT	.239532		60.02
60.03 CANCER CARE CENTER	.581470		60.03
61 EMERGENCY	.222669		61
61.01 DENTAL CLINIC	.633491		61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535		61.02
61.03 ADOLESCENT DAY HOSP.	.566257		61.03
61.06 OP CHAPMAN CENTER	.691673		61.06
62 OBSERVATION BEDS (NON-DISTINCT)	.583011		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0010) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] 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		10054152		25
26 INTENSIVE CARE UNIT		1391042		26
27 CORONARY CARE UNIT		980417		27
27.01 INTENSIVE CARE UNIT - GB		295836		27.01
27.02 ISCU		15722041		27.02
31 SUBPROVIDER 1				31
31.01 SUBPROVIDER 2 - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.297814	6276587	1869255	37
39 DELIVERY ROOM & LABOR ROOM	.428081	10239921	4383516	39
41 RADIOLOGY-DIAGNOSTIC	.324796	2073884	673589	41
42 RADIOLOGY-THERAPEUTIC	.233698	128475	30024	42
43 RADIOISOTOPE	.210753	190834	40219	43
43.01 CAT SCAN	.070275	3183325	223708	43.01
44 LABORATORY	.174457	7456066	1300763	44
44.01 VASCULAR LAB	.108557	275687	29928	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.531373	579085	307710	47
48 INTRAVENOUS THERAPY	.385108	482384	185770	48
49 RESPIRATORY THERAPY	.201215	6261265	1259860	49
50 PHYSICAL THERAPY	.509948	415895	212085	50
51 OCCUPATIONAL THERAPY	.398220	266672	106194	51
52 SPEECH PATHOLOGY	.401811	56563	22728	52
53 ELECTROCARDIOLOGY	.173493	1561908	270980	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.014929	246324	250001	55
56 DRUGS CHARGED TO PATIENTS	.398306	5605978	2232895	56
57 RENAL DIALYSIS	.345752	171869	59424	57
58 ASC (NON-DISTINCT PART)	.885025	1892	1674	58
58.01 CARDIAC CATHETER LAB	.175355	966820	169537	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.148311	16338	18761	60
60.01 CARDIAC REHAB	1.102034			60.01
60.02 GASTRO-INTESTINAL UNIT	.239532	224066	53671	60.02
60.03 CANCER CARE CENTER	.581470	8177	4755	60.03
61 EMERGENCY	.222669	2521530	561467	61
61.01 DENTAL CLINIC	.633491	1814	1149	61.01
61.02 CHILD & ADOLESCENT CTR.	1.417535	1717	2434	61.02
61.03 ADOLESCENT DAY HOSP.	.566257			61.03
61.06 OP CHAPMAN CENTER	.691673	12252	8474	61.06
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.583011			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		49227328	14280571	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		49227328		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0010)	SUB I	SUB II	SUB III	SUB IV	
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	27678137					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	83034410					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	318817					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	956451					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	5471857					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	502.66					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	145.75					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	145.75			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	170.60					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	1.99					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	147.74					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	147.79					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	147.78					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	147.77				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0010)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.293976				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.292570				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.292570				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	4139798				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	12419393				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	16559191 0				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	14166				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	401.43				5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	132743595				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	132743595				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	11046086				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	4558884				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	123849				15
16	TOTAL	148472414				16
17	PRIMARY PAYER PAYMENTS	58985				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	148413429				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	10312090				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	391428				20
21	REIMBURSABLE BAD DEBTS	735684				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	514979				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	449245				21.02
22	SUBTOTAL	138224890				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0010)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	138224890					26
27						27
28	138251475					28
28.01						28.01
29	-26585					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 (14-0010) 1	HOSPITAL (14-0010) 1.01	HOSPITAL (14-0010) 1.02	
1 MEDICAL AND OTHER SERVICES	363495			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	128469465			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	92750044			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.856	0.856		1.03
1.04 LINE 1.01 TIMES LINE 1.03	109969862			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	84.34			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	61353			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	363495			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1046832			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	1046832			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	1046832			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	683337			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	363495			17
17.01 TOTAL PPS PAYMENTS	92811397			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0010) 1	HOSPITAL (14-0010) 1.01	HOSPITAL (14-0010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	107964		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	21379240		18.01
19 SUBTOTAL	71687688		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3348748		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	75036436		23
24 PRIMARY PAYER PAYMENTS	1287		24
25 SUBTOTAL	75035149		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	546679		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	382675		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	370975		27.02
28 SUBTOTAL	75417824		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)	22		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	75417802		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	75243084		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	174718		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S010) 1	SUB I (14-S010) 1.01	SUB I (14-S010) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	39940			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	37494			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	82			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	37576			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S010) 1	SUB I (14-S010) 1.01	SUB I (14-S010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	7879		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	29697		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	29697		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	29697		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	29697		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	29697		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	29697		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T010) 1	SUB II (14-T010) 1.01	SUB II (14-T010) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	669			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	406			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	406			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T010) 1	SUB II (14-T010) 1.01	SUB II (14-T010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	149		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	257		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	257		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	257		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	257		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	257		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	257		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5855)	SNF (14-5855)	SNF (14-5855)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5855)	SNF (14-5855)	SNF (14-5855)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0010)
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
(14-0010)
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
(14-0010)
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
 HOSPITAL (14-0010)

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		138203849		75100056	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/15/2009 05/29/2009 09/25/2009	171869 93451 217694	138241 4787 NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	47626		143028	3.99
4 TOTAL INTERIM PAYMENTS		138251475		75243084	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S010)

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		1659574		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		3.03
PROVIDER .04				3.04
TO .05				3.05
PROGRAM .50	05/15/2009	42303		3.50
PROVIDER .51				3.51
TO .52				3.52
PROGRAM .53				3.53
PROGRAM .54				3.54
SUBTOTAL .99		-42303		3.99
4 TOTAL INTERIM PAYMENTS		1617271		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02				5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T010)

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		3979980		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	.05			3.50
	.50	05/15/2009	197881	3.51
	PROVIDER .51			3.52
	TO .52			3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99	-197881		3.99
4 TOTAL INTERIM PAYMENTS		3782099		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S010) (14-T010)

1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		3122413		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0160		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		136022		1.04
1.05	OUTLIER PAYMENTS		544761		1.05
1.06	TOTAL PPS PAYMENTS		3942306		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)	1462265			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	30924			1.09
1.10	NET IPF PPS ECT PAYMENTS	38169			1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	7.09			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.)	1.17			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)	1.17			1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	21.693151			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.027422			1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	40098			1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1571456			1.19
1.20	STOP LESS PAYMENT FLOOR				1.20
1.21	ADJUSTED NET PAYMENT FLOOR				1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS	1571456			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)		2.81		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)		0.75		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)		0.75		1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		15.134247		1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.044552		1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		139110		1.42
2	ORGAN ACQUISITION				2
3	COST OF TEACHING PHYSICIANS				3
4	SUBTOTAL	1571456	3942306		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	1571456	3942306		6
7	DEDUCTIBLES	135561	34584		7
8	SUBTOTAL	1435895	3907722		8
9	COINSURANCE	18360	54485		9
10	SUBTOTAL	1417535	3853237		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	33007	4032		11
11.01	REDUCED REIMBURSABLE BAD DEBTS	23105	2822		11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	22467	952		11.02
12	SUBTOTAL	1440640	3856059		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-S010)	SUB II (14-T010)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		993	2134			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		1441633	3858193			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1617271	3782099			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-175638	76094			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5855)
 (PPS)
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5855)
 (PPS)
 2

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

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX					
		HOSPITAL (14-0010) (OTHER)	SUB I (14-S010)	SUB II (14-T010)	SUB III	SUB IV	NF I (PPS)	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	32066612						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	32066612						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	32066612						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES	49227328						11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES	49227328						16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES	49227328						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17160716						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	32066612						23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	32066612						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
32	LESSER OF LINES 30 OR 31	32066612						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0010) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL	32066612					35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL	32066612					40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL	32066612					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	32066612					55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS	32066612					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	154.90 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	154.90 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	172.34 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	154.90 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	83.18 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	81.17 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	164.35 3.09
3.10	SEE INSTRUCTIONS	147.72 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	1.99 3.11
3.12	SEE INSTRUCTIONS	74.95 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	82.91 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	81.13 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	79.66 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	79.66 3.16
3.17	SEE INSTRUCTIONS	110053.10 3.17
3.18	SEE INSTRUCTIONS	8766830 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		66.41	3.19
3.20	SEE INSTRUCTIONS		68.23	3.20
3.21	SEE INSTRUCTIONS		69.80	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		69.80	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		116086.20	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		8102817	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		16869647	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		72716	4
5	TOTAL INPATIENT DAYS		156628	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.464259	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 7831885	0	7831885	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		819	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		156628	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		75747	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		24855425	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	175587632	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	62719	15
16	TOTAL PART A REASONABLE COST	175524913	16
PART B REASONABLE COST			
17	REASONABLE COST	128935004	17
18	PRIMARY PAYER PAYMENTS	2617	18
19	TOTAL PART B REASONABLE COST	128932387	19
20	TOTAL REASONABLE COST	304457300	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.576517	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.423483	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	7907632	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	4558884	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3348748	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		16609	4
5	TOTAL INPATIENT DAYS		156628	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.106041	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		156628	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

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	24984086			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	231250202			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-42925173			6
7	INVENTORY	16384951			7
8	PREPAID EXPENSES	13812184			8
9	OTHER CURRENT ASSETS	135342434			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	378848684			11
FIXED ASSETS					
12	LAND	69153843			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	1020093502			14
14.01	ACCUMULATED DEPRECIATION	-723031874			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	413193728			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	779409199			21
OTHER ASSETS					
22	INVESTMENTS	1088116254			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	39509208			25
26	TOTAL OTHER ASSETS	1127625462			26
27	TOTAL ASSETS	2285883345			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	48263866			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	453346755			35
36	TOTAL CURRENT LIABILITIES	501610621			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	652543698			41
42	TOTAL LONG TERM LIABILITIES	652543698			42
43	TOTAL LIABILITIES	1154154319			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	1131729026			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	1131729026			51
52	TOTAL LIABILITIES AND FUND BALANCES	2285883345			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	1153978609			1
2 NET INCOME (LOSS)	18013578			2
3 TOTAL	1171992187			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTR TEMP RESTR FOR USE				5
6 NET REALIZED GAINS ON INV				6
7 TRFS TO FIN PROP & EQUIP	1026926			7
8 UNREALIZED INCOME				8
9 OTHER TRANSFERS	288892104			9
10 TOTAL ADDITIONS	289919030			10
11 SUBTOTAL	1461911217			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED FR RE				13
14 UNREALIZED INCOME	227451825			14
15 NET REALIZED GAIN ON INVEST				15
16 OTHER TRANSFERS				16
17 PENSION ADJUSTMENT	102730366			17
18 TOTAL DEDUCTIONS	330182191			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1131729026			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	154392437		154392437	1
2 SUBPROVIDER I	11393636		11393636	2
2.01 SUBPROVIDER II	6388119		6388119	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	172174192		172174192	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	38334941		38334941	10
11 CORONARY CARE UNIT	14776167		14776167	11
11.01 INTENSIVE CARE UNIT - GB				11.01
11.02 ISCU	39850194		39850194	11.02
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	92961302		92961302	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	265135494		265135494	16
17 ANCILLARY SERVICES	1069733480	1541028110	2610761590	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		19352841	19352841	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN REVENUE		25902010	25902010	24
25 TOTAL PATIENT REVENUES	1334868974	1586282961	2921151935	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		975139256	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	47567869		28
29 INDIRECT EXPENSE ALLOCATION	-4826191		29
30 SKOKIE HOSPITAL'S DIRECT EXPENSES	120209908		30
31			31
32			32
33 TOTAL ADDITIONS		162951586	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		1138090842	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	2921151935	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1810289557	2
3	NET PATIENT REVENUES	1110862378	3
4	LESS - TOTAL OPERATING EXPENSES	1138090842	4
5	NET INCOME FROM SERVICE TO PATIENTS	-27228464	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	25600435	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	1094165	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	4699502	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	7142742	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	784837	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	783409	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	20441263	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ALL OTHER	23116946	24
24.01	PREMIUM REVENUE		24.01
25	TOTAL OTHER INCOME	83663299	25
26	TOTAL	56434835	26
27	INTERCOMPANY TRANSFER	11772854	27
27.01	NON-OPERATING INCOME	26648403	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	38421257	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	18013578	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
	1	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					68607	68607 3
4 TRANSPORTATION			151264			151264 4
5 ADMINISTRATIVE AND GENERAL	83484	19805		95928		199217 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1294532	307105				1601637 6
7 PHYSICAL THERAPY	994736	235983				1230719 7
8 OCCUPATIONAL THERAPY	68013	16135				84148 8
9 SPEECH PATHOLOGY	25423	6031				31454 9
10 MEDICAL SOCIAL SERVICES	43320	10277				53597 10
11 HOME HEALTH AIDE	32187	7637				39824 11
12 SUPPLIES					210374	210374 12
13 DRUGS					196	196 13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME					710764	710764 14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2541695	602973	151264	95928	989941	4381801 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

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		68607		68607	4
5 ADMINISTRATIVE AND GENERAL		151264		151264	5
HHA REIMBURSABLE SERVICES		199217		199217	
6 SKILLED NURSING CARE		1601637		1601637	6
7 PHYSICAL THERAPY		1230719		1230719	7
8 OCCUPATIONAL THERAPY		84148		84148	8
9 SPEECH PATHOLOGY		31454		31454	9
10 MEDICAL SOCIAL SERVICES		53597		53597	10
11 HOME HEALTH AIDE		39824		39824	11
12 SUPPLIES		210374		210374	12
13 DRUGS		196		196	13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME		710764		710764	14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		4381801		4381801	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7001

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	TOTAL 6
	0	1	2	3	4		5	
GENERAL SERVICE COST CENTER								
1								1
2								2
3				68607				3
4	68607							3
5	151264							4
6	199217				151264			4
7						199217	199217	5
HHA REIMBURSABLE SERVICES								
8	1601637			27731	67967	1697335	80844	1778179
9	1230719			21307	70684	1322710	63001	1385711
10	84148			1457	4415	90020	4288	94308
11	31454			545	2267	34266	1632	35898
12	53597			928	1307	55832	2659	58491
13	39824			689	4624	45137	2150	47287
14	210374			3642		214016	10194	224210
15	196			3		199	9	208
16								13.20
17	710764			12305		723069	34440	757509
18								14
HHA NONREIMBURSABLE SERVICES								
19								15
20								16
21								17
22								18
23								19
24								20
25								21
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7001

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
1 CAPITAL RELATED-BLDG & FIXT							2
2 CAPITAL RELATED-MOVABLE EQUIP							3
3 PLANT OPERATION & MAINTENANCE			3962712				4
4 TRANSPORTATION				31830			5
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-199217	4182584	6
6 SKILLED NURSING CARE			1601636	14302		1697335	7
7 PHYSICAL THERAPY			1230719	14874		1322710	8
8 OCCUPATIONAL THERAPY			84147	929		90020	9
9 SPEECH PATHOLOGY			31454	477		34266	10
10 MEDICAL SOCIAL SERVICES			53597	275		55832	11
11 HOME HEALTH AIDE			39825	973		45137	12
12 SUPPLIES			210374			214016	13
13 DRUGS			196			199	13.20
13.20 COST OF ADMINISTERING VACCINES							14
14 DME			710764			723069	15
HHA NONREIMBURSABLE SERVICES							16
15 HOME DIALYSIS AIDE SERVICES							17
16 RESPIRATORY THERAPY							18
17 PRIVATE DUTY NURSING							19
18 CLINIC							20
19 HEALTH PROMOTION ACTIVITIES							21
20 DAY CARE PROGRAM							22
21 HOME DELIVERED MEALS PROGRAM							23
22 HOMEMAKER SERVICE							23.50
23 ALL OTHERS							24
23.50 TELEMEDICINE							25
24 TOTAL			3962712	31830	-199217	4182584	26
25 COST TO BE ALLOC (PER W/S H)			68607	151264		199217	
26 UNIT COST MULTIPLIER			.017313	4.752246		.047630	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7001

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	PARAMED EDUCATION MED TECH	PARAMED EDUCATION ANESTHESIA	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	24.01	24.02	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL				1274215		1274215			1
2 SKILLED NURSING CARE				2277892		2277892	517091	2794983	2
3 PHYSICAL THERAPY				1775130		1775130	402960	2178090	3
4 OCCUPATIONAL THERAPY				120811		120811	27424	148235	4
5 SPEECH PATHOLOGY				45986		45986	10439	56425	5
6 MEDICAL SOCIAL SERVICES				74928		74928	17009	91937	6
7 HOME HEALTH AIDE				60576		60576	13751	74327	7
8 SUPPLIES				287219		287219	65200	352419	8
9 DRUGS				266		266	60	326	9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME				970388		970388	220281	1190669	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				6887411		6887411	1274215	6887411	20
21 UNIT COST MULTIPLIER							.227003		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL			7414	38999	2541695		282074	1
2 SKILLED NURSING CARE							1778179	2
3 PHYSICAL THERAPY							1385711	3
4 OCCUPATIONAL THERAPY							94308	4
5 SPEECH PATHOLOGY							35898	5
6 MEDICAL SOCIAL SERVICES							58491	6
7 HOME HEALTH AIDE							47287	7
8 SUPPLIES							224210	8
9 DRUGS							208	9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME							757509	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			7414	38999	2541695		4663875	20
21 TOTAL COST TO BE ALLOCATED			114075	36881	131118		1310665	21
22 UNIT COST MULTIPLIER			15.386431		.051587		.281025	22
22 UNIT COST MULTIPLIER				.945691				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
1 ADMINISTRATIVE AND GENERAL	7414		7414		117218		29	16474	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	7414		7414		117218		29	16474	20
21 TOTAL COST TO BE ALLOCATED	417374		101553		51813		330172	11933	21
22 UNIT COST MULTIPLIER	56.295387		13.697464		.442023		11385.241379		22
22 UNIT COST MULTIPLIER								.724354	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-5
 PART II

HHA COST CENTER	PARAMED EDUCATION MED TECH ASSIGNED TIME	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME	
	24.01	24.02	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE			2
3 PHYSICAL THERAPY			3
4 OCCUPATIONAL THERAPY			4
5 SPEECH PATHOLOGY			5
6 MEDICAL SOCIAL SERVICES			6
7 HOME HEALTH AIDE			7
8 SUPPLIES			8
9 DRUGS			9
9.20 COST OF ADMINISTERING VACC			9.20
10 DME			10
11 HOME DIALYSIS AIDE SERVICE			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIE			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGR			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTALS			20
21 TOTAL COST TO BE ALLOCATED			21
22 UNIT COST MULTIPLIER			22
22 UNIT COST MULTIPLIER			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] 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	2794983		2794983	14311	195.30	1
2	PHYSICAL THERAPY	3	2178090		2178090	14884	146.34	2
3	OCCUPATIONAL THERAPY	4	148235		148235	929	159.56	3
4	SPEECH PATHOLOGY	5	56425		56425	477	118.29	4
5	MEDICAL SOCIAL SERV	6	91937		91937	275	334.32	5
6	HOME HEALTH AIDE SERV	7	74327		74327	973	76.39	6
7	TOTAL		5343997		5343997	31849		7

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	352419		352419	53442	6.594420	15
16	COST OF DRUGS	9	326	17506	17832			16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.509948			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.398220			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.401811			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	1.014929			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.398306	43951	17506	COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY	146.34	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY	159.56						2
3	SPEECH PATHOLOGY	118.29						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7001

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	6047319	4072087	1975232	2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	6047319	4072087	1975232	6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	6047319	4072087	1975232	7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS	3734	1330		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST		-3734		-1330	10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS		4412095		2210441	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES		145787		134573	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES		43810		28700	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		62			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		4598020		2372384	12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL		4598020		2372384	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST		4598020		2372384	16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD		4598020		2372384	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		4598020		2372384	22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL		4598020		2372384	24
25 TOTAL INTERIM PAYMENTS		4598020		2372384	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.: 14-7001

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					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.		4598020		2372384	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	TO .05				3.50
	PROGRAM .50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4598020		2372384	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2300

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1462359	HRS OF SERVICE	59245.00	28.48	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	681702	HRS OF SERVICE	45713.00	21.98	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS	70450	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	196076	ACCUMULATED COST			8
9 SUBTOTAL	2410587				9
10 EMPLOYEE BENEFITS	542037	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	1142425	REQUISITIONS			14
15 DRUGS	720739	REQUISITIONS			15
16 OTHER	311586	ACCUMULATED COST			16
17 SUBTOTAL	5127374				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	149325	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	115797	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	124355	SALARY			22
23 ADMINISTRATIVE AND GENERAL	1550373	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	679280	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	565689	REQUISITIONS			26
27 PHARMACY	-493928	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	775545	ACCUMULATED COST			28
29 SUBTOTAL	8593810				29
30 LABORATORY		CHARGES			30
30.01 VASCULAR LAB		CHARGES			30.01
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	8593810				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2300

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB- OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	MEDICAL		ANCILLARY	TOTAL				
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS		SUPPLIES	SERVICES				
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	828605	115797	1462359	681702	666392	226811	1708114		5689780	2904030	8593810	1
MAINTENANCE												
2 HEMODIALYSIS	828605	115797	1462359	681702	666392	226811	1708114		5689780	2904030	8593810	2
3 INTERMITTENT PERITONEAL TRAINING												3
4 HEMODIALYSIS												4
5 INTERMITTENT PERITONEAL												5
6 CAPD												6
7 CCPD												7
HOME												
8 HEMODIALYSIS												8
9 INTERMITTENT PERITONEAL												9
10 CAPD												10
11 CCPD												11
OTHER BILLABLE SERVICES												
12 INPATIENT DIALYSIS												12
13 METHOD II HOME PATIENT												13
14 EPO (INCL IN RENAL DEPT)												14
14.01 ARANESP (INCL IN RENAL DEPT)												14.01
15 OTHER												15
16 TOTAL	828605	115797	1462359	681702	666392	226811	1708114		5689780	2904030	8593810	16
17 MEDICAL EDUC PGM COSTS												17
18 TOTAL RENAL COSTS											8593810	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2300

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	828605	115797	1462359	681702	666392	226811	1708114	5689780	2904030	1
	MAINTENANCE										
2	HEMODIALYSIS	9772	100.00	63855.00	59609.00	2523837	1174656	785454			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRTMNTS 849										13
13	METHOD II HOME PATIENT										14
14	EPO										14.01
14.01	ARANESP										15
15	OTHER										16
16	TOTAL STATISTICAL BASIS	9772	100.00	63855.00	59609.00	2523837	1174656	785454	5689780		17
17	UNIT COST MULTIPLIER	84.793799		22.901245		.264039		2.174684			
		1157.970000			11.436226		.193087			.510394	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2300
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	14979	8593810	573.72	12982	7448033	171.12	2221480	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	14979	8593810		12982	7448033		2221480	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2300

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	7448033 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2221480 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	450 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	542638 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	543088 6
7	PROGRAM PAYMENT	1776824 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE					65315	65315	3
4 TRANSPORTATION - STAFF			83218			83218	4
5 VOLUNTEER SERVICE COORDINATION	48891	11270				60161	5
6 ADMINISTRATIVE AND GENERAL	203855	46990			41670	292515	6
7 INPATIENT CARE SERVICE							7
8 INPATIENT - GENERAL CARE							8
8 INPATIENT - RESPITE CARE							8
8 VISITING SERVICES							8
9 PHYSICIAN SERVICES	322267	74285				396552	9
10 NURSING CARE	1000805	230692				1231497	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	162622	37485				200107	14
15 SPIRITUAL COUNSELING	79047	18221				97268	15
16 DIETARY COUNSELING							16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER							18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER				1018687		1018687	19
19 OTHER HOSPICE SERVICE COSTS							19
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					434602	434602	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					198894	198894	21
22 PATIENT TRANSPORTATION				10372		10372	22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS				1226		1226	24
25 MEDICAL SUPPLIES				90160		90160	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER				11819		11819	29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS	50720	11691				62411	30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	1868207	430634	83218	1132264	740481	4254804	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				2
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				3
4	PLANT OPERATION AND MAINTENANCE	65315		65315	4
5	TRANSPORTATION - STAFF	83218		83218	5
6	VOLUNTEER SERVICE COORDINATION	60161		60161	6
7	ADMINISTRATIVE AND GENERAL	292515		292515	7
8	INPATIENT CARE SERVICE				8
9	INPATIENT - GENERAL CARE				9
10	INPATIENT - RESPITE CARE				10
11	VISITING SERVICES				11
12	PHYSICIAN SERVICES	396552		396552	12
13	NURSING CARE	1231497		1231497	13
14	NURSING CARE-CONTINUOUS HOME CARE				14
15	PHYSICAL THERAPY				15
16	OCCUPATIONAL THERAPY				16
17	SPEECH/LANGUAGE PATHOLOGY				17
18	MEDICAL SOCIAL SERVICES	200107		200107	18
19	SPIRITUAL COUNSELING	97268		97268	19
20	DIETARY COUNSELING				20
21	COUNSELING - OTHER				21
22	HOME HEALTH AIDE AND HOMEMAKER				22
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				23
24	OTHER	1018687		1018687	24
25	OTHER HOSPICE SERVICE COSTS				25
26	DRUGS, BIOLOGICAL & INFUSION THERAPY	434602		434602	26
27	ANALGESICS				27
28	SEDATIVES / HYPNOTICS				28
29	OTHER - SPECIFY				29
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	198894		198894	30
31	PATIENT TRANSPORTATION	10372		10372	31
32	IMAGING SERVICES				32
33	LABS AND DIAGNOSTICS	1226		1226	33
34	MEDICAL SUPPLIES	90160		90160	34
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				35
36	RADIATION THERAPY				36
37	CHEMOTHERAPY				37
38	OTHER	11819		11819	38
39	HOSPICE NONREIMBURSABLE SERVICE				39
40	BEREAVEMENT PROGRAM COSTS	62411		62411	40
41	VOLUNTEER PROGRAM COSTS				41
42	FUNDRAISING				42
43	OTHER PROGRAM COSTS				43
44	TOTAL	4254804		4254804	44

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1522

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								48891
8	INPATIENT CARE SERVICE								48891
9	INPATIENT - GENERAL CARE								203855
10	INPATIENT - RESPITE CARE								6
11	VISITING SERVICES								7
12	PHYSICIAN SERVICES								8
13	NURSING CARE								322267
14	NURSING CARE-CONT.HOME CARE								322267
15	PHYSICAL THERAPY								1000805
16	OCCUPATIONAL THERAPY								10.20
17	SPEECH/LANGUAGE PATHOLOGY								11
18	MEDICAL SOCIAL SERVICES								12
19	SPIRITUAL COUNSELING								13
20	DIETARY COUNSELING								162622
21	COUNSELING - OTHER								79047
22	HH AIDE AND HOMEMAKER								79047
23	HH AIDE & HMKR-CONT.HME CARE								16
24	OTHER								17
25	OTHER HOSPICE SERVICE COSTS								18
26	DRUGS, BIOL. & INFUS. THER.								18.20
27	ANALGESICS								19
28	SEDATIVES / HYPNOTICS								20
29	OTHER - SPECIFY								20.30
30	DURABLE MED. EQUIP./OXYGEN								20.31
31	PATIENT TRANSPORTATION								20.32
32	IMAGING SERVICES								21
33	LABS AND DIAGNOSTICS								22
34	MEDICAL SUPPLIES								23
35	OUTPAT.SERV.(INCL.E/R DEPT.)								24
36	RADIATION THERAPY								25
37	CHEMOTHERAPY								26
38	OTHER								27
39	HOSPICE NONREIMBURSABLE SERVICE								28
40	BEREAVEMENT PROGRAM COSTS								29
41	VOLUNTEER PROGRAM COSTS								50720
42	FUNDRAISING								50720
43	OTHER PROGRAM COSTS								30
44	TOTAL								31
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HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1522

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									4
6 VOLUNTEER SERVICE COORD.								11270	11270
7 ADMINISTRATIVE AND GENERAL				6573	40417				46990
8 INPATIENT CARE SERVICE									6
9 INPATIENT - GENERAL CARE									7
10 INPATIENT - RESPITE CARE									8
11 VISITING SERVICES									8
12 PHYSICIAN SERVICES								74285	74285
13 NURSING CARE				20232	174721		35739		230692
14.20 NURSING CARE-CONT.HOME CARE									10.20
15 PHYSICAL THERAPY									11
16 OCCUPATIONAL THERAPY									12
17 SPEECH/LANGUAGE PATHOLOGY									13
18 MEDICAL SOCIAL SERVICES			37485						37485
19 SPIRITUAL COUNSELING								18221	18221
20 DIETARY COUNSELING									15
21 COUNSELING - OTHER									16
22 HH AIDE AND HOMEMAKER									17
23.20 HH AIDE & HMKR-CONT.HME CARE									18.20
24 OTHER									18
25 OTHER HOSPICE SERVICE COSTS									19
26 DRUGS, BIOL. & INFUS. THER.									20
27.30 ANALGESICS									20.30
28.31 SEDATIVES / HYPNOTICS									20.31
29.32 OTHER - SPECIFY									20.32
30 DURABLE MED. EQUIP./OXYGEN									21
31 PATIENT TRANSPORTATION									22
32 IMAGING SERVICES									23
33 LABS AND DIAGNOSTICS									24
34 MEDICAL SUPPLIES									25
35 OUTPAT.SERV.(INCL.E/R DEPT.)									26
36 RADIATION THERAPY									27
37 CHEMOTHERAPY									28
38 OTHER									29
39 HOSPICE NONREIMBURSABLE SERVICE									29
40 BEREAVEMENT PROGRAM COSTS								11691	11691
41 VOLUNTEER PROGRAM COSTS									30
42 FUNDRAISING									31
43 OTHER PROGRAM COSTS									32
44 TOTAL			37485	26805	215138		35739	115467	430634

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1522 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
10.20									10.20
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12									12
13									13
14									14
15									15
16									16
17									17
18									18
18.20									18.20
19								1018687	1018687 19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22								10372	10372 22
23									23
24								1226	1226 24
25								90160	90160 25
26									26
27									27
28									28
29								11819	11819 29
30									30
31									31
32									32
33									33
34								1132264	1132264 34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3	65315			65315					3
4	83218				83218				4
5	60161					60161			5
6	292515						292515	292515	6
7									7
8									8
9	396552			6900	8792	6356	418600	30903	449503
10	1231497			21429	27302	19738	1299966	95969	1395935
10.20									10.20
11									11
12									12
13									13
14	200107			3482	4436	3207	211232	15594	226826
15	97268			1693	2156	1559	102676	7580	110256
16									16
17									17
18									18
18.20									18.20
19	1018687			17726	22585	16327	1075325	79386	1154711
20	434602			7562	9635	6966	458765	33868	492633
20.30									20.30
20.31									20.31
20.32									20.32
21	198894			3461	4410	3188	209953	15500	225453
22	10372			180	230	166	10948	808	11756
23									23
24	1226			21	27	20	1294	96	1390
25	90160			1569	1999	1445	95173	7026	102199
26									26
27									27
28									28
29	11819			206	262	189	12476	921	13397
30	62411			1086	1384	1000	65881	4864	70745
31									31
32									32
33									33
34	4254804			65315	83218	60161	4254804		4254804

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5	6A	6	
1								1
2								2
3			65315					3
4				83219				4
5					60161			5
6						-292515	3962289	6
7								7
8								8
9			6900	8792	6356		418600	9
10			21429	27303	19738		1299966	10
10.20								10.20
11								11
12								12
13								13
14								14
15			3482	4436	3207		211232	15
16			1693	2156	1559		102676	16
17								17
18								18
18.20								18.20
19			17726	22585	16327		1075325	19
20								20
20.30			7562	9635	6966		458765	20.30
20.31								20.31
20.32								20.32
21			3461	4410	3188		209953	21
22			180	230	166		10948	22
23								23
24			21	27	20		1294	24
25			1569	1999	1445		95173	25
26								26
27								27
28								28
29			206	262	189		12476	29
30								30
31			1086	1384	1000		65881	31
32								32
33								33
34			65315	83218	60161		292515	34
35			1.000000	.999988	1.000000		.073825	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION	PARAMED EDUCATION MED TECH	PARAMED EDUCATION ANESTHESIA	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	24	24.01	24.02	25	26	27	28	29
1 ADMINISTRATIVE AND GENERAL				709759		709759		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES				575825		575825	74983	650808
5 NURSING CARE				1788226		1788226	232860	2021086
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE				290570		290570	37838	328408
10 SPIRITUAL COUNSELING				141241		141241	18392	159633
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER				1479214		1479214	192622	1671836
15 DRUGS,BIOLOGICALS & INFUSIO				631075		631075	82178	713253
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN				288811		288811	37609	326420
17 PATIENT TRANSPORTATION				15060		15060	1961	17021
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS				1781		1781	232	2013
20 MEDICAL SUPPLIES				130919		130919	17048	147967
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER				17162		17162	2235	19397
25 BEREAVEMENT PROGRAM COSTS				90626		90626	11801	102427
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS				6160269		6160269		6160269
30 UNIT COST MULTIPLIER							.130219	30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL			4109	5547	1346767		162910	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES							449503	4
5 NURSING CARE							1395935	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE							226826	9
10 SPIRITUAL COUNSELING							110256	10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER							1154711	14
15 DRUGS,BIOLOGICALS & INFUSIO							492633	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN							225453	16
17 PATIENT TRANSPORTATION							11756	17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS							1390	19
20 MEDICAL SUPPLIES							102199	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER							13397	24
25 BEREAVEMENT PROGRAM COSTS							70745	25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL			4109	5547	1346767		4417714	29
30 TOTAL COST TO BE ALLOCATED			60561	5974	96375		1241488	30
31 UNIT COST MULTIPLIER			14.738623		.071560		.281025	31
31 UNIT COST MULTIPLIER				1.076979				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
1 ADMINISTRATIVE AND GENERAL	4109		4109		42683		9	504	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE									5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY									6
7 OCCUPATIONAL THERAPY									7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE									9
10 SPIRITUAL COUNSELING									10
11 DIETARY COUNSELING									11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS									13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO									15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN									16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES									20
21 OUTPAT. SERV.(INCL.E/R DEPT									21
22 RADIATION THERAPY									22
23 CHEMOTHERAPY									23
24 OTHER									24
25 BEREAVEMENT PROGRAM COSTS									25
26 VOLUNTEER PROGRAM COSTS									26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTAL	4109		4109		42683		9	504	29
30 TOTAL COST TO BE ALLOCATED	221579		53913		23462		136623	8519	30
31 UNIT COST MULTIPLIER	53.925286		13.120711		.549680		15180.333333		31
31 UNIT COST MULTIPLIER								16.902778	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1522
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PARAMED EDUCATION MED TECH ASSIGNED TIME	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME	
	24.01	24.02	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE			5
5.20 NURSING CARE-CONTINUOUS HOM			5.20
6 PHYSICAL THERAPY			6
7 OCCUPATIONAL THERAPY			7
8 SPEECH/LANGUAGE PATHOLOGY			8
9 MEDICAL SOCIAL SERV. - DIRE			9
10 SPIRITUAL COUNSELING			10
11 DIETARY COUNSELING			11
12 COUNSELING - OTHER			12
13 HOME HLTH AIDE & HOMEMAKERS			13
13.20 HH AIDE & HMKR-CONT. HOME C			13.20
14 OTHER			14
15 DRUGS,BIOLOGICALS & INFUSIO			15
15.30 ANALGESICS			15.30
15.31 SEDATIVES / HYPNOTICS			15.31
15.32 OTHER - SPECIFY			15.32
16 DURABLE MED. EQUIP./OXYGEN			16
17 PATIENT TRANSPORTATION			17
18 IMAGING SERVICES			18
19 LABS AND DIAGNOSTICS			19
20 MEDICAL SUPPLIES			20
21 OUTPAT. SERV.(INCL.E/R DEPT			21
22 RADIATION THERAPY			22
23 CHEMOTHERAPY			23
24 OTHER			24
25 BEREAVEMENT PROGRAM COSTS			25
26 VOLUNTEER PROGRAM COSTS			26
27 FUNDRAISING			27
28 OTHER PROGRAM COSTS			28
29 TOTAL			29
30 TOTAL COST TO BE ALLOCATED			30
31 UNIT COST MULTIPLIER			31
31 UNIT COST MULTIPLIER			31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.509948	1
2	OCCUPATIONAL THERAPY	51	0.398220	2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.401811	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.398306	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.174457	6
6.01	VASCULAR LAB	44.01	0.108557	6.01
7	MEDICAL SUPPLIES	55	1.014929	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.222669	8
8.01	DENTAL CLINIC	61.01	0.633491	8.01
8.02	CHILD & ADOLESCENT CTR.	61.02	1.417535	8.02
8.03	ADOLESCENT DAY HOSP.	61.03	0.566257	8.03
8.06	OP CHAPMAN CENTER	61.06	0.691673	8.06
9	RADIATION THERAPY	41	0.324796	9
10	OTHER ANCILLARY (SPECIFY)	59		10
11	TOTALS			11

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
03/04/2010 07:53

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1522

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				6160269	1
2 TOTAL UNDUPLICATED DAYS				18564	2
3 AGGREGATE COST PER DIEM				331.84	3
4 UNDUPLICATED MEDICARE DAYS	18564				4
5 AGGREGATE MEDICARE COST	6160278				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS					12
13 AGGREGATE COST FOR OTHER DAYS					13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0010)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
	9153235				CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
	626043				CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
	392.29				TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	147.77		0.00		4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
	11.22				INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
	1026993				INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
	0.0160				% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
	0.1115				% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
	0.1275				SUM OF LINES 5 AND 5.01
5.03					5.03
	0.0262				ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
	239815				DISPROPORTIONATE SHARE ADJUSTMENT
6					6
	11046086				TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-PHARMACY RESID					24
24.01 PARAMED ED PRGM-MEDICAL TECH					24.01
24.02 PARAMED ED PRGM-SCHOOL OF ANES					24.02
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
27.01 INTENSIVE CARE UNIT - GB					27.01
27.02 ISCU					27.02
31 SUBPROVIDER I					31
31.01 SUBPROVIDER 2 - REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 CAT SCAN					43.01
44 LABORATORY					44
44.01 VASCULAR LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 CARDIAC CATHETER LAB					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHAB					60.01
60.02 GASTRO-INTESTINAL UNIT					60.02
60.03 CANCER CARE CENTER					60.03
61 EMERGENCY					61
61.01 DENTAL CLINIC					61.01
61.02 CHILD & ADOLESCENT CTR.					61.02
61.03 ADOLESCENT DAY HOSP.					61.03
61.06 OP CHAPMAN CENTER					61.06
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
97 RESEARCH					97
99.01 NON-ALLOWABLE COST					99.01
99.02 EVANSTON HOME SERVICES					99.02
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	46.83		7.35				54.18 25
26 INTENSIVE CARE UNIT	57.56		8.61				66.17 26
27 CORONARY CARE UNIT	16.08		0.53				16.61 27
27.01 INTENSIVE CARE UNIT - GB	51.26		4.82				56.08 27.01
27.02 ISCU			43.62				43.62 27.02
33 NURSERY			14.47				14.47 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	26.18	8.86	1.76				36.80 37
39 DELIVERY ROOM & LABOR ROOM	0.23	0.05	23.52				23.80 39
41 RADIOLOGY-DIAGNOSTIC	11.94	19.43	1.41				32.78 41
42 RADIOLOGY-THERAPEUTIC	1.93	37.42	0.27				39.62 42
43 RADIOISOTOPE	8.17	36.07	0.49				44.73 43
43.01 CAT SCAN	12.24	23.80	1.08				37.12 43.01
44 LABORATORY	22.44	1.47	2.45				26.36 44
44.01 VASCULAR LAB	24.71	29.78	1.44				55.93 44.01
47 BLOOD STORING, PROCESSING & TRA	35.38	9.13	5.90				50.41 47
48 INTRAVENOUS THERAPY	52.65	4.83	4.56				62.04 48
49 RESPIRATORY THERAPY	41.32	4.21	13.42				58.95 49
50 PHYSICAL THERAPY	15.06	20.32	0.99				36.37 50
51 OCCUPATIONAL THERAPY	39.13	7.31	3.65				50.09 51
52 SPEECH PATHOLOGY	41.83	11.93	2.76				56.52 52
53 ELECTROCARDIOLOGY	24.40	28.55	1.47				54.42 53
55 MEDICAL SUPPLIES CHARGED TO PAT	36.09	8.57	4.75				49.41 55
56 DRUGS CHARGED TO PATIENTS	16.71	24.18	2.27				43.16 56
57 RENAL DIALYSIS	8.40	58.89	0.69				67.98 57
58 ASC (NON-DISTINCT PART)	2.66	29.73	0.02				32.41 58
58.01 CARDIAC CATHETER LAB	32.97	23.94	1.14				58.05 58.01
60 CLINIC	0.20	61.31	0.03				61.54 60
60.01 CARDIAC REHAB	0.02	55.30					55.32 60.01
60.02 GASTRO-INTESTINAL UNIT	6.52	29.22	0.40				36.14 60.02
60.03 CANCER CARE CENTER	1.10	47.79	0.04				48.93 60.03
61 EMERGENCY	20.31	14.05	1.83				36.19 61
61.01 DENTAL CLINIC	0.84	1.19	0.13				2.16 61.01
61.02 CHILD & ADOLESCENT CTR.			0.11				0.11 61.02
61.03 ADOLESCENT DAY HOSP.	0.01						0.01 61.03
61.06 OP CHAPMAN CENTER	0.55	8.78	0.16				9.49 61.06
101 TOTAL CHARGES	16.31	16.17	2.04				34.52 101

***** 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	23.88						23.88 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
41 RADIOLOGY-DIAGNOSTIC	0.02						0.02 41
43 RADIOISOTOPE	0.01						0.01 43
43.01 CAT SCAN	0.03						0.03 43.01
44 LABORATORY	0.17						0.17 44
44.01 VASCULAR LAB	0.04						0.04 44.01
48 INTRAVENOUS THERAPY	0.03						0.03 48
49 RESPIRATORY THERAPY	0.07						0.07 49
50 PHYSICAL THERAPY	0.06						0.06 50
51 OCCUPATIONAL THERAPY	0.02						0.02 51
52 SPEECH PATHOLOGY	0.09						0.09 52
53 ELECTROCARDIOLOGY	0.05						0.05 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.19	0.04					0.23 56
60.03 CANCER CARE CENTER	0.01						0.01 60.03
61 EMERGENCY	0.21						0.21 61
61.06 OP CHAPMAN CENTER	0.82						0.82 61.06
101 TOTAL CHARGES	0.07						0.07 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER 2 - REHAB	67.89						67.89 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
41 RADIOLOGY-DIAGNOSTIC	0.16						0.16 41
42 RADIOLOGY-THERAPEUTIC	0.25						0.25 42
43 RADIOISOTOPE	0.06						0.06 43
43.01 CAT SCAN	0.15						0.15 43.01
44 LABORATORY	0.30						0.30 44
44.01 VASCULAR LAB	0.80	0.01					0.81 44.01
47 BLOOD STORING, PROCESSING & TRA	0.31						0.31 47
48 INTRAVENOUS THERAPY	0.69						0.69 48
49 RESPIRATORY THERAPY	0.71						0.71 49
50 PHYSICAL THERAPY	2.99						2.99 50
51 OCCUPATIONAL THERAPY	16.76						16.76 51
52 SPEECH PATHOLOGY	18.35						18.35 52
53 ELECTROCARDIOLOGY	0.07						0.07 53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.41						1.41 55
56 DRUGS CHARGED TO PATIENTS	0.50						0.50 56
57 RENAL DIALYSIS	0.43						0.43 57
58.01 CARDIAC CATHETER LAB	0.07						0.07 58.01
60.02 GASTRO-INTESTINAL UNIT	0.05						0.05 60.02
61 EMERGENCY	0.01						0.01 61
61.01 DENTAL CLINIC	0.05						0.05 61.01
61.06 OP CHAPMAN CENTER	0.02						0.02 61.06
101 TOTAL CHARGES	0.28						0.28 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	42383755	4.46	-42383755	-10.56		3
4	NEW CAP REL COSTS-MVBLE EQUIP	36006876	3.79	-36006876	-8.97		4
5	EMPLOYEE BENEFITS	17903682	1.88	-17903682	-4.46		5
6	ADMINISTRATIVE & GENERAL	179628051	18.91	-179628051	-44.75		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	36296973	3.82	-36296973	-9.04		8
9	LAUNDRY & LINEN SERVICE	3719036	.39	-3719036	-.93		9
10	HOUSEKEEPING	10426704	1.10	-10426704	-2.60		10
11	DIETARY	9414159	.99	-9414159	-2.35		11
12	CAFETERIA	1162005	.12	-1162005	-.29		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	10601085	1.12	-10601085	-2.64		14
15	CENTRAL SERVICES & SUPPLY	10347207	1.09	-10347207	-2.58		15
16	PHARMACY	6796607	.72	-6796607	-1.69		16
17	MEDICAL RECORDS & LIBRARY	6319485	.67	-6319485	-1.57		17
18	SOCIAL SERVICE	3536354	.37	-3536354	-.88		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	26503868	2.79	-26503868	-6.60		23
24	PARAMED ED PRGM-PHARMACY RESIDE	155207	.02	-155207	-.04		24
24.01	PARAMED ED PRGM-MEDICAL TECH	201697	.02	-201697	-.05		24.01
24.02	PARAMED ED PRGM-SCHOOL OF ANEST						24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	52968286	5.58	85463018	21.29	138431304	14.57
26	INTENSIVE CARE UNIT	9674722	1.02	7837267	1.95	17511989	1.84
27	CORONARY CARE UNIT	5354563	.56	4903116	1.22	10257679	1.08
27.01	INTENSIVE CARE UNIT - GB	4232301	.45	3958914	.99	8191215	.86
27.02	ISCU	9448578	.99	6442600	1.61	15891178	1.67
31	SUBPROVIDER 1	4360623	.46	4463009	1.11	8823632	.93
31.01	SUBPROVIDER 2 - REHAB	2046232	.22	2744448	.68	4790680	.50
33	NURSERY	3909836	.41	1533967	.38	5443803	.57
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	68389867	7.20	44061369	10.98	112451236	11.84
39	DELIVERY ROOM & LABOR ROOM	9544911	1.00	9093184	2.27	18638095	1.96
41	RADIOLOGY-DIAGNOSTIC	26802449	2.82	22556222	5.62	49358671	5.20
42	RADIOLOGY-THERAPEUTIC	4783536	.50	6344755	1.58	11128291	1.17
43	RADIOISOTOPE	4440783	.47	3711722	.92	8152505	.86
43.01	CAT SCAN	10110225	1.06	10640712	2.65	20750937	2.18
44	LABORATORY	33981118	3.58	21718935	5.41	55700053	5.86
44.01	VASCULAR LAB	1221576	.13	858303	.21	2079879	.22
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	3713907	.39	1501691	.37	5215598	.55
48	INTRAVENOUS THERAPY	2661429	.28	1412890	.35	4074319	.43

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	6266647	.66	3120619	.78	9387266	.99	49
50 PHYSICAL THERAPY	13913045	1.46	7488881	1.87	21401926	2.25	50
51 OCCUPATIONAL THERAPY	1916552	.20	989204	.25	2905756	.31	51
52 SPEECH PATHOLOGY	580754	.06	244172	.06	824926	.09	52
53 ELECTROCARDIOLOGY	11515159	1.21	7146657	1.78	18661816	1.96	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1521801	.16	3746819	.93	5268620	.55	55
56 DRUGS CHARGED TO PATIENTS	67480858	7.10	30718065	7.65	98198923	10.34	56
57 RENAL DIALYSIS	5127374	.54	4350678	1.08	9478052	1.00	57
58 ASC (NON-DISTINCT PART)	4943262	.52	4788211	1.19	9731473	1.02	58
58.01 CARDIAC CATHETER LAB	9482080	1.00	5328915	1.33	14810995	1.56	58.01
60 CLINIC	39253863	4.13	17303950	4.31	56557813	5.95	60
60.01 CARDIAC REHAB	608083	.06	794445	.20	1402528	.15	60.01
60.02 GASTRO-INTESTINAL UNIT	6636999	.70	6826760	1.70	13463759	1.42	60.02
60.03 CANCER CARE CENTER	5350634	.56	6953539	1.73	12304173	1.30	60.03
61 EMERGENCY	18009154	1.90	14820970	3.69	32830124	3.46	61
61.01 DENTAL CLINIC	549131	.06	798632	.20	1347763	.14	61.01
61.02 CHILD & ADOLESCENT CTR.	630614	.07	1508337	.38	2138951	.23	61.02
61.03 ADOLESCENT DAY HOSP.	998847	.11	469231	.12	1468078	.15	61.03
61.06 OP CHAPMAN CENTER	3137312	.33	2189415	.55	5326727	.56	61.06
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	4381801	.46	2505610	.62	6887411	.72	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	4254804	.45	1905465	.47	6160269	.65	93
NONREIMBURSABLE COST CENTERS							
97 RESEARCH	40456258	4.26	17766669	4.43	58222927	6.13	97
99.01 NON-ALLOWABLE COST	38431844	4.05	18191383	4.53	56623227	5.96	99.01
99.02 EVANSTON HOME SERVICES	5549006	.58	2200002	.55	7749008	.82	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	950043575	100.00	0	.00	950043575	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	8096589	357196414	.022667	93521616	2119854	37
39 DELIVERY ROOM & LABOR ROOM	1792126	43538677	.041162	102108	4203	39
41 RADIOLOGY-DIAGNOSTIC	6434944	146638071	.043883	17515567	768636	41
42 RADIOLOGY-THERAPEUTIC	2701351	46877481	.057626	905014	52152	42
43 RADIOISOTOPE	1295858	38682737	.033500	3161695	105917	43
43.01 CAT SCAN	4168408	295281851	.014117	36141696	510212	43.01
44 LABORATORY	3597022	303822006	.011839	68169431	807058	44
44.01 VASCULAR LAB	195934	19159347	.010227	4734411	48419	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	250306	9815320	.025502	3472382	88553	47
48 INTRAVENOUS THERAPY	139409	10579670	.013177	5570650	73404	48
49 RESPIRATORY THERAPY	538834	46652824	.011550	19275269	222629	49
50 PHYSICAL THERAPY	1389914	41968811	.033118	6321937	209370	50
51 OCCUPATIONAL THERAPY	156373	7296866	.021430	2855585	61195	51
52 SPEECH PATHOLOGY	35434	2053019	.017259	858858	14823	52
53 ELECTROCARDIOLOGY	1972512	106341096	.018549	25950751	481360	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1274282	5191124	.245473	1873426	459876	55
56 DRUGS CHARGED TO PATIENTS	3093361	246541343	.012547	41185160	516750	56
57 RENAL DIALYSIS	655645	24855425	.026378	2087041	55052	57
58 ASC (NON-DISTINCT PART)	944064	10995710	.085857	292053	25075	58
58.01 CARDIAC CATHETER LAB	1115292	84462702	.013205	27844051	367681	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2691300	48871118	.055069	95499	5259	60
60.01 CARDIAC REHAB	211649	1272672	.166303	207	34	60.01
60.02 GASTRO-INTESTINAL UNIT	2078337	56208519	.036975	3666133	135555	60.02
60.03 CANCER CARE CENTER	1529996	21160461	.072304	233346	16872	60.03
61 EMERGENCY	2103603	137881177	.015257	28009590	427342	61
61.01 DENTAL CLINIC	72479	1402400	.051682	11826	611	61.01
61.02 CHILD & ADOLESCENT CTR.	248966	1508923	.164996			61.02
61.03 ADOLESCENT DAY HOSP.	66845	2592602	.025783	149	4	61.03
61.06 OP CHAPMAN CENTER	425237	7617787	.055822	41660	2326	61.06
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1469096	24198998	.060709			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	50745166	2150665151		393897111	7580222	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	11806938		11806938	124620	94.74	58355	5528553 25
26	INTENSIVE CARE UNIT	1381861		1381861	9322	148.24	5366	795456 26
27	CORONARY CARE UNIT	780095		780095	8348	93.45	1342	125410 27
27.01	INTENSIVE CARE UNIT - GB	897187		897187	3925	228.58	2012	459903 27.01
27.02	ISCU	970948		970948	12477	77.82		27.02
101	TOTAL	15837029		15837029			67075	6909322 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							6909322	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							7580222	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							14489544	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							14205	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							67075	
PER DISCHARGE CAPITAL COSTS							1020.03	
PER DIEM CAPITAL COSTS							216.02	

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)	152941302
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	510681421
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.299

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5506283
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	11189309
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.492

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))	2523527
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4454281
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.567

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)	14489544
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

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))	118748447
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)	366608970
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.324