

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHERN ILLINOIS MEDICAL CENTER (14-0116) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, 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
		2	3
1	HOSPITAL	-71021	57442
2	SUBPROVIDER I	-34769	
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY	1	-1
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	-105789	57441

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 4201 MEDICAL CENTER DRIVE P.O.BOX: 1  
 1.01 CITY: MCHENRY STATE: IL ZIP CODE: 60050- COUNTY: MCHENRY 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORTHERN ILLINOIS MEDICAL CENTER	14-0116	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NIMC REHABILITATION UNIT	14-T116	07/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	NIMC HOME HEALTH AGENCY	14-7455	07/01/1986	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17  
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H122	40
40.01	NAME: NAME: CENTEGRA HEALTH SYST FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:			40.01
40.02	STREET: STREET: 385 MILLENNIUM DR		P.O.BOX:	40.02
40.03	CITY: CRYSTAL LAKE		STATE: IL ZIP CODE: 60012	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?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2212327 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N 1	LIMIT 2	Y/N 3	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			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)			NO		58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)							60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	11/18/2009				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		4930	1096	10892	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4930	1096	10892	12
13	RPCH VISITS					13
14	SUBPROVIDER I		215	6	288	14
14.01	INPATIENT PSYCHIATRY SUBPROVI					14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	82677090	-12023987	70653103	2435144.00	29.01		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
6 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
7 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
8 HOME OFFICE PERSONNEL							7
9 SNF							8
8.01 EXCLUDED AREA SALARIES	3700478	49342	3749820	83922.00	44.68		8.01
10 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	926832		926832	14028.24	66.07		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	20000		20000	55.00	363.64		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	11487313		11487313	260788.00	44.05		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
14 WAGE RELATED COSTS (CORE)	18015040		18015040			CMS 339	13
15 WAGE RELATED COSTS (OTHER)						CMS 339	14
16 EXCLUDED AREAS	782412		782412			CMS 339	15
17 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
18 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
19 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
20 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
21 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
22 OVERHEAD COSTS - DIRECT SALARIES							
23 EMPLOYEE BENEFITS	832453	-832453					21
24 ADMINISTRATIVE & GENERAL	14259265	-12087858	2171407	101576.16	21.38		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	63435		63435	2345.47	27.05		22.01
25 MAINTENANCE & REPAIRS	874447	-81065	793382	36834.00	21.54		23
26 OPERATION OF PLANT	930725	9907	940632	33881.00	27.76		24
27 LAUNDRY & LINEN SERVICE	39639	853	40492	2707.00	14.96		25
28 HOUSEKEEPING	1640112	-43352	1596760	109851.00	14.54		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
29 DIETARY	1748237	-689970	1058267	67562.00	15.66		27
27.01 DIETARY UNDER CONTRACT							27.01
30 CAFETERIA		567628	567628	32486.00	17.47		28
31 MAINTENANCE OF PERSONNEL							29
32 NURSING ADMINISTRATION	1752169	14692	1766861	34680.00	50.95		30
33 CENTRAL SERVICES AND SUPPLY	447628	8373	456001	24959.00	18.27		31
34 PHARMACY	2367585	29362	2396947	66692.00	35.94		32
35 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1567821	20346	1588167	75746.00	20.97		33
36 SOCIAL SERVICE							34
37 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART III
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 NET SALARIES	82740525	-12023987	70716538	2437489.47	29.01		1
2 EXCLUDED AREA SALARIES	3700478	49342	3749820	83922.00	44.68		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	79040047	-12073329	66966718	2353567.47	28.45		3
4 SUBTOTAL OTHER WAGES & REL COSTS	12434145		12434145	274871.24	45.24		4
5 SUBTOTAL WAGE-RELATED COSTS	18015040		18015040		26.90%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	109489232	-12073329	97415903	2628438.71	37.06		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	26523516	-13083537	13439979	589319.63	22.81		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7455

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		4487		1539	6026	1
2 UNDUPLICATED CENSUS COUNT		934.00		305.00	1239.00	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		12.64	12.64	5
6 DIRECT NURSING SERVICE		9.18	9.18	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		5.95	5.95	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		2.82	2.82	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.90	.90	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		2.87	2.87	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.: 14-7455

WORKSHEET S-4  
 (CONTINUED)

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

		FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
		WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	EPISODES		
		OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES		
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	8236	993	413	160			9802	21
22	SKILLED NURSING VISIT CHARGES	1628470	193785	84220	31065			1937540	22
23	PHYSICAL THERAPY VISITS	7474	25	108	101			7708	23
24	PHYSICAL THERAPY VISIT CHARGES	1457430	4875	21060	19305			1502670	24
25	OCCUPATIONAL THERAPY VISITS	2522	5	9	26			2562	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	491790	975	1755	5070			499590	26
27	SPEECH PATHOLOGY VISITS	582	25	10	9			626	27
28	SPEECH PATHOLOGY VISIT CHARGES	113490	4875	1950	1755			122070	28
29	MEDICAL SOCIAL SERVICE VISITS								29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES								30
31	HOME HEALTH AIDE VISITS	3096	12	2	19			3129	31
32	HOME HEALTH AIDE VISIT CHARGES	340560	1320	220	2090			344190	32
33	TOTAL VISITS	21910	1060	542	315			23827	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	4031740	205830	109205	59285			4406060	35
36	TOTAL NUMBER OF EPISODES	1107			21			1128	36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	93025	6412	11878	663			111978	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	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	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.304106 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	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		16175975	16175975	-8697458	7478517	-1593046	5885471	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8880758	8880758		8880758	4
5	0500 EMPLOYEE BENEFITS	832453	17209624	18042077	487965	18530042		18530042	5
6	0600 ADMINISTRATIVE & GENERAL	14259265	30369751	44629016	-2547212	42081804	-12501653	29580151	6
7	0700 MAINTENANCE & REPAIRS	874447	2136210	3010657	9213	3019870		3019870	7
8	0800 OPERATION OF PLANT	930725	775587	1706312	-3300	1703012	-107116	1595896	8
9	0900 LAUNDRY & LINEN SERVICE	39639	645277	684916	853	685769		685769	9
10	1000 HOUSEKEEPING	1640112	558258	2198370	18208	2216578		2216578	10
11	1100 DIETARY	1748237	1491534	3239771	-1031704	2208067		2208067	11
12	1200 CAFETERIA				1051908	1051908	-847725	204183	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1752169	48806	1800975	14671	1815646		1815646	14
15	1500 CENTRAL SERVICES & SUPPLY	447628	711122	1158750	22811	1181561		1181561	15
16	1600 PHARMACY	2367585	9144373	11511958	-8411014	3100944		3100944	16
17	1700 MEDICAL RECORDS & LIBRARY	1567821	178316	1746137	20346	1766483	-1282	1765201	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	17877826	2246147	20123973	-1582639	18541334	-296554	18244780	25
26	2600 INTENSIVE CARE UNIT	4808307	804934	5613241	-100430	5512811		5512811	26
31	3100 SUBPROVIDER I	1190733	72974	1263707	-9486	1254221		1254221	31
31.01	3101 INPATIENT PSYCHIATRY SUBPROVIDE								31.01
33	3300 NURSERY				1410619	1410619		1410619	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	7241310	11358691	18600001	-7692392	10907609	-187261	10720348	37
39	3900 DELIVERY ROOM & LABOR ROOM				773401	773401		773401	39
40	4000 ANESTHESIOLOGY	125566	605266	730832	-299942	430890	-30000	400890	40
41	4100 RADIOLOGY-DIAGNOSTIC	6725042	10903831	17628873	-6444877	11183996	-12670	11171326	41
42	4200 RADIOLOGY-THERAPEUTIC	1885786	412198	2297984	10606	2308590	-47296	2261294	42
44	4400 LABORATORY	2223861	4557289	6781150	-44198	6736952	-427036	6309916	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1200105	466798	1666903	-88872	1578031	-126720	1451311	49
50	5000 PHYSICAL THERAPY	4395406	787126	5182532	38699	5221231	-2026	5219205	50
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				16238151	16238151		16238151	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				8385961	8385961		8385961	56
59	3140 CARDIAC REHABILITATION	1361062	280555	1641617	-72342	1569275	-42000	1527275	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	332002	112967	444969	-9760	435209		435209	60
60.03	6001 ANTICOAGULATION CLINIC								60.03
61	6100 EMERGENCY	4340258	1298715	5638973	-253604	5385369	-664542	4720827	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	2385008	423555	2808563	-75183	2733380	-10483	2722897	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
95	SUBTOTALS	82552353	113775879	196328232	-243	196327989	-16897410	179430579	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		487	487		487		487	96
98.01	9801 OCCUPATIONAL HEALTH	124737	64310	189047	243	189290		189290	98.01
98.02	9802 FLIGHT FOR LIFE		-7260	-7260		-7260		-7260	98.02
98.03	9803 HOME HEALTH DME		50	50		50		50	98.03
98.04	9804 WELLNESS PROGRAM								98.04
101	TOTAL	82677090	113833466	196510556		196510556	-16897410	179613146	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 CAPITAL RECLASS	A	NEW CAP REL COSTS-MVBLE EQUIP	4		8880758 1
2 SHARED FOOD AND PREPARATION	B	CAFETERIA	12	567628	484280 2
3 CHARGEABLE MEDICAL SUPPLY COST	C	MEDICAL SUPPLIES CHARGED TO P	55		16238151 3
4 CHARGEABLE MEDICAL SUPPLY COST	C				4
5 CHARGEABLE MEDICAL SUPPLY COST	C				5
6 CHARGEABLE MEDICAL SUPPLY COST	C				6
7 CHARGEABLE MEDICAL SUPPLY COST	C				7
8 CHARGEABLE MEDICAL SUPPLY COST	C				8
9 CHARGEABLE MEDICAL SUPPLY COST	C	CENTRAL SERVICES & SUPPLY	15		14438 9
10 CHARGEABLE MEDICAL SUPPLY COST	C				10
11 CHARGEABLE MEDICAL SUPPLY COST	C				11
12 CHARGEABLE MEDICAL SUPPLY COST	C				12
13 CHARGEABLE MEDICAL SUPPLY COST	C				13
14 CHARGEABLE MEDICAL SUPPLY COST	C				14
15 CHARGEABLE MEDICAL SUPPLY COST	C				15
16 CHARGEABLE MEDICAL SUPPLY COST	C				16
17 CHARGEABLE MEDICAL SUPPLY COST	C				17
18 CHARGEABLE MEDICAL SUPPLY COST	C				18
19 CHARGEABLE MEDICAL SUPPLY COST	C				19
20 CHARGEABLE MEDICAL SUPPLY COST	C				20
21 CHARGEABLE MEDICAL SUPPLY COST	C				21
22 CHARGEABLE MEDICAL SUPPLY COST	C				22
23 CHARGEABLE MEDICAL SUPPLY COST	C				23
24 CHARGEABLE MEDICAL SUPPLY COST	C				24
25 CHARGEABLE MEDICAL SUPPLY COST	C				25
26 CHARGEABLE MEDICAL SUPPLY COST	C				26
27 CHARGEABLE MEDICAL SUPPLY COST	C				27
28 NURSERY AND LABOR & DELIVERY	D	NURSERY	33	1205342	205277 28
29 NURSERY AND LABOR & DELIVERY	D	DELIVERY ROOM & LABOR ROOM	39	660854	112547 29
30 CHARGEABLE DRUG COST	F	DRUGS CHARGED TO PATIENTS	56		8385961 30
31 BUILDING RENTALS	G	NEW CAP REL COSTS-BLDG & FIXT	3		183300 31
32 BUILDING RENTALS	G				32
33 BUILDING RENTALS	G				33
34 BUILDING RENTALS	G				34
35 BUILDING RENTALS	G				35
36 SUBTOTAL				2433824	34504712 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAPITAL RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		8880758	9 1
2 SHARED FOOD AND PREPARATION	B	DIETARY	11	567628	484280	2
3 CHARGEABLE MEDICAL SUPPLY COST	C					3
4 CHARGEABLE MEDICAL SUPPLY COST	C	MAINTENANCE & REPAIRS	7		80	4
5 CHARGEABLE MEDICAL SUPPLY COST	C	OPERATION OF PLANT	8		21	5
6 CHARGEABLE MEDICAL SUPPLY COST	C	HOUSEKEEPING	10		1309	6
7 CHARGEABLE MEDICAL SUPPLY COST	C	DIETARY	11		906	7
8 CHARGEABLE MEDICAL SUPPLY COST	C	NURSING ADMINISTRATION	14		21	8
9 CHARGEABLE MEDICAL SUPPLY COST	C					9
10 CHARGEABLE MEDICAL SUPPLY COST	C	PHARMACY	16		54415	10
11 CHARGEABLE MEDICAL SUPPLY COST	C	ADULTS & PEDIATRICS	25		666876	11
12 CHARGEABLE MEDICAL SUPPLY COST	C	INTENSIVE CARE UNIT	26		274832	12
13 CHARGEABLE MEDICAL SUPPLY COST	C	SUBPROVIDER I	31		23912	13
14 CHARGEABLE MEDICAL SUPPLY COST	C					14
15 CHARGEABLE MEDICAL SUPPLY COST	C	OPERATING ROOM	37		7810071	15
16 CHARGEABLE MEDICAL SUPPLY COST	C	ANESTHESIOLOGY	40		302678	16
17 CHARGEABLE MEDICAL SUPPLY COST	C	RADIOLOGY-DIAGNOSTIC	41		6542725	17
18 CHARGEABLE MEDICAL SUPPLY COST	C	RADIOLOGY-THERAPEUTIC	42		18529	18
19 CHARGEABLE MEDICAL SUPPLY COST	C	RESPIRATORY THERAPY	49		95364	19
20 CHARGEABLE MEDICAL SUPPLY COST	C	PHYSICAL THERAPY	50		28700	20
21 CHARGEABLE MEDICAL SUPPLY COST	C	CARDIAC REHABILITATION	59		7665	21
22 CHARGEABLE MEDICAL SUPPLY COST	C	CLINIC	60		17875	22
23 CHARGEABLE MEDICAL SUPPLY COST	C	EMERGENCY	61		292861	23
24 CHARGEABLE MEDICAL SUPPLY COST	C	HOME HEALTH AGENCY	71		112624	24
25 CHARGEABLE MEDICAL SUPPLY COST	C					25
26 CHARGEABLE MEDICAL SUPPLY COST	C	OCCUPATIONAL HEALTH	98.01		1123	26
27 CHARGEABLE MEDICAL SUPPLY COST	C					27
28 NURSERY AND LABOR & DELIVERY	D	ADULTS & PEDIATRICS	25	1866195	317824	28
29 NURSERY AND LABOR & DELIVERY	D					29
30 CHARGEABLE DRUG COST	F	PHARMACY	16		8385961	30
31 BUILDING RENTALS	G	OPERATION OF PLANT	8		13466	10 31
32 BUILDING RENTALS	G	ADMINISTRATIVE & GENERAL	6		10121	10 32
33 BUILDING RENTALS	G	CARDIAC REHABILITATION	59		78769	33
34 BUILDING RENTALS	G	EMERGENCY	61		9975	34
35 BUILDING RENTALS	G	LABORATORY	44		64764	35
36 SUBTOTAL				2433823	34498505	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 BUILDING RENTALS	G				1
2 ATO RECLASS	H	ADMINISTRATIVE & GENERAL	6	44576	2
3 ATO RECLASS	H	MAINTENANCE & REPAIRS	7	9293	3
4 ATO RECLASS	H	OPERATION OF PLANT	8	10187	4
5 ATO RECLASS	H	LAUNDRY & LINEN SERVICE	9	853	5
6 ATO RECLASS	H	HOUSEKEEPING	10	19517	6
7 ATO RECLASS	H	DIETARY	11	21110	7
8 ATO RECLASS	H	NURSING ADMINISTRATION	14	14692	8
9 ATO RECLASS	H	CENTRAL SERVICES & SUPPLY	15	8373	9
10 ATO RECLASS	H	PHARMACY	16	29362	10
11 ATO RECLASS	H	MEDICAL RECORDS & LIBRARY	17	20346	11
12 ATO RECLASS	H	ADULTS & PEDIATRICS	25	221979	12
13 ATO RECLASS	H	INTENSIVE CARE UNIT	26	41942	13
14 ATO RECLASS	H	SUBPROVIDER I	31	14426	14
15 ATO RECLASS	H	OPERATING ROOM	37	117679	15
16 ATO RECLASS	H	ANESTHESIOLOGY	40	2736	16
17 ATO RECLASS	H	RADIOLOGY-DIAGNOSTIC	41	97848	17
18 ATO RECLASS	H	RADIOLOGY-THERAPEUTIC	42	29135	18
19 ATO RECLASS	H	LABORATORY	44	20566	19
20 ATO RECLASS	H	RESPIRATORY THERAPY	49	12697	20
21 ATO RECLASS	H	PHYSICAL THERAPY	50	67399	21
22 ATO RECLASS	H	CARDIAC REHABILITATION	59	13892	22
23 ATO RECLASS	H	CLINIC	60	8115	23
24 ATO RECLASS	H	EMERGENCY	61	49232	24
25 ATO RECLASS	H	HOME HEALTH AGENCY	71	37441	25
26 ATO RECLASS	H	OCCUPATIONAL HEALTH	98.01	1566	26
27 ATO RECLASS	H				27
28 ATO RECLASS	H				28
29 ATO RECLASS	H				29
30 RECLASS CENTEGRA ALLOCATION	J	ADMINISTRATIVE & GENERAL	6		10818296 30
31 RECLASS CONTRACT LABOR	K	ADMINISTRATIVE & GENERAL	6		157804 31
	K	MAINTENANCE & REPAIRS	7		90358 32
	K	OPERATION OF PLANT	8		280 33
	K	HOUSEKEEPING	10		62869 34
	K	DIETARY	11		143452 35
36 SUBTOTAL				3348786	45777771 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 BUILDING RENTALS	G	RESPIRATORY THERAPY	49		6205	1
2 ATO RECLASS	H	EMPLOYEE BENEFITS	5	914965		2
3 ATO RECLASS	H					3
4 ATO RECLASS	H					4
5 ATO RECLASS	H					5
6 ATO RECLASS	H					6
7 ATO RECLASS	H					7
8 ATO RECLASS	H					8
9 ATO RECLASS	H					9
10 ATO RECLASS	H					10
11 ATO RECLASS	H					11
12 ATO RECLASS	H					12
13 ATO RECLASS	H					13
14 ATO RECLASS	H					14
15 ATO RECLASS	H					15
16 ATO RECLASS	H					16
17 ATO RECLASS	H					17
18 ATO RECLASS	H					18
19 ATO RECLASS	H					19
20 ATO RECLASS	H					20
21 ATO RECLASS	H					21
22 ATO RECLASS	H					22
23 ATO RECLASS	H					23
24 ATO RECLASS	H					24
25 ATO RECLASS	H					25
26 ATO RECLASS	H					26
27 ATO RECLASS	H					27
28 ATO RECLASS	H					28
29 ATO RECLASS	H					29
30 RECLASS CENTEGRA ALLOCATION	J	ADMINISTRATIVE & GENERAL	6	10818296		30
31 RECLASS CONTRACT LABOR	K	ADMINISTRATIVE & GENERAL	6	157804		31
	K	MAINTENANCE & REPAIRS	7	90358		32
	K	OPERATION OF PLANT	8	280		33
	K	HOUSEKEEPING	10	62869		34
	K	DIETARY	11	143452		35
36 SUBTOTAL				14621847	34504710	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1	K					1
2	K	ADULTS & PEDIATRICS	25		265364	2
3	K	INTENSIVE CARE UNIT	26		233482	3
4	K	RADIOLOGY-DIAGNOSTIC	41		28926	4
5	K	RADIOLOGY-THERAPEUTIC	42		7229	5
6	K	SUBPROVIDER I	31		3891	6
7	K					7
8	K	RESPIRATORY THERAPY	49		85090	8
9	K	PHYSICAL THERAPY	50		95111	9
10	K	EMERGENCY	61		114145	10
11	K	CARDIAC REHABILITATION	59		200	11
12	0					12
13	L	ADULTS & PEDIATRICS	25	1026392	19885	13
14	L	INTENSIVE CARE UNIT	26	129942	2518	14
15	L					15
16	M	EMPLOYEE BENEFITS	5	82512		16
17	M					17
18	N	EMPLOYEE BENEFITS	5		1402930	18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		4587632	48036542	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1		7	8	9	
1	K					1
2	K	ADULTS & PEDIATRICS	25	265364		2
3	K	INTENSIVE CARE UNIT	26	233482		3
4	K	RADIOLOGY-DIAGNOSTIC	41	28926		4
5	K	RADIOLOGY-THERAPEUTIC	42	7229		5
6	K	SUBPROVIDER I	31	3891		6
7	K					7
8	K	RESPIRATORY THERAPY	49	85090		8
9	K	PHYSICAL THERAPY	50	95111		9
10	K	EMERGENCY	61	114145		10
11	K	OCCUPATIONAL HEALTH	98.01	200		11
12	0					12
13	L	RECLASS SOCIAL SVC / CASE MGMT				13
14	L					14
15	L	ADMINISTRATIVE & GENERAL	6	1156334	22403	15
16	M	RECLASS PART OF ATO NOT PAID OUT	5		82512	16
17	M	EMPLOYEE BENEFITS				17
18	N	RECLASS WORKERS COMP	6		1402930	18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		16611619	36012555	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	65000					65000		1
2 LAND IMPROVEMENTS	1261825	490114		490114		1751939		2
3 BUILDINGS AND FIXTURES	60103660	4300452		4300452		64404112		3
4 BUILDING IMPROVEMENTS	77154					77154		4
5 FIXED EQUIPMENT	12638790					12638790		5
6 MOVABLE EQUIPMENT	85748024	7821071		7821071	184290	93384805		6
7 SUBTOTAL	159894453	12611637		12611637	184290	172321800		7
8 RECONCILING ITEMS								8
9 TOTAL	159894453	12611637		12611637	184290	172321800		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	78936995		78936995	.458263				3
4 NEW CAP REL COSTS-MVBLE EQUIP	93384805	69187	93315618	.541737				4
5 TOTAL	172321800	69187	172252613	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	7295217	183300	-1593046				5885471 3
4 NEW CAP REL COSTS-MVBLE EQUIP	8880758						8880758 4
5 TOTAL	16175975	183300	-1593046				14766229 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	16175975						16175975 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	16175975						16175975 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	B	-109734	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-9140	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-140501	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-107116	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1198677			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-6221561			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-808801	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1282	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
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					37
38 OTHER INCOME	B	-317617	ADMINISTRATIVE & GENERAL	6	38
39 RADIOLOGY X-RAY COPY FEE	B	-12670	RADIOLOGY-DIAGNOSTIC	41	39
39.01 COPYING FEES PATIENT ACCTS	B	-71	ADMINISTRATIVE & GENERAL	6	39.01
40 NURSING EDUCATION INCOME	B	-5020	ADMINISTRATIVE & GENERAL	6	40
41 MEALS ON WHEELS	B	-23907	CAFETERIA	12	41
42 OB BREAST FEEDING EDUCATION INC	B	-8095	ADMINISTRATIVE & GENERAL	6	42
43 ER PUBLIC AID TRAUMA	B	-87275	EMERGENCY	61	43
43.01 DISASTER PREP REVENUE	B	-10521	EMERGENCY	61	43.01
44 IDPA PROVIDER TAX	A	-4950236	ADMINISTRATIVE & GENERAL	6	44
45 EDUCATION INCOME	B	-40014	ADMINISTRATIVE & GENERAL	6	45
46 EMS TUITION INCOME	B	-133129	EMERGENCY	61	46
47 MEDICAL STAFF FEES	B	-9875	ADMINISTRATIVE & GENERAL	6	47
48 RSVP INCOME	B	-1142	ADMINISTRATIVE & GENERAL	6	48
49 VIS INCOME	B	-130	ADMINISTRATIVE & GENERAL	6	49
49.02 CHILD CARE CENTER	B	-724365	ADMINISTRATIVE & GENERAL	6	49.02
49.03 NELSON BUILDING RENT	A	-10483	HOME HEALTH AGENCY	71	49.03
49.08 IHA LOBBYING EXPENSE	A	-28526	ADMINISTRATIVE & GENERAL	6	49.08
49.10 1998 INTEREST INCOME	B	-4980	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.10
49.11 2002 INTEREST INCOME	B	-89432	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.11
49.12 1998 INTEREST EXPENSE	A	-1228144	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.12
49.13 2002 INTEREST EXPENSE	A	-160756	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.13
49.15 ONCOLOGY EDUCATION INCOME	B	-7296	RADIOLOGY-THERAPEUTIC	42	49.15
49.16 NEURO DAY TRAUMA INCOME	B	-2026	PHYSICAL THERAPY	50	49.16
49.17 MEMBERSHIP DUES	B	-2835	ADMINISTRATIVE & GENERAL	6	49.17
49.18 LABORATORY INCOME	B	-427036	LABORATORY	44	49.18
49.19 EXPRESSO CART EXPENSE	A	-15017	CAFETERIA	12	49.19
50 TOTAL		-16897410			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	24877843	31099404	-6221561	1
2							2
3							3
4							4
5	TOTALS			24877843	31099404	-6221561	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	B CENTEGRA HEALTH SYSTEM				HOME OFFICE	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		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	25	ADULTS & PEDIATRICS	296554	296554					
2	31.01	INPATIENT PSYCHIATRY SUB							
3	42	RADIOLOGY-THERAPEUTIC	40000	40000					
4	44	LABORATORY							
5	49	RESPIRATORY THERAPY	126720	126720					
6	59	CARDIAC REHABILITATION	42000	42000					
7	61	EMERGENCY	433617	433617					
8	37	OPERATING ROOM	187261	187261					
9	6	ADMINISTRATIVE & GENERAL	39000	39000					
10	6	ADMINISTRATIVE & GENERAL	3525	3525					
11	40	ANESTHESIOLOGY	30000	30000					
101		TOTAL	1198677	1198677					



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS	
	0	3	4	5	5A	6	7	8
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	5885471	5885471						3
4 NEW CAP REL COSTS-MVBLE EQUIP	8880758		8880758					4
5 EMPLOYEE BENEFITS	18530042	112481	169726	18812249				5
6 ADMINISTRATIVE & GENERAL	29580151	168105	253658	578163	30580077	30580077		6
7 MAINTENANCE & REPAIRS	3019870	26077	39348	211247	3296542	676384	3972926	7
8 OPERATION OF PLANT	1595896	502008	757495	250455	3105854	637259	357503	4100616
9 LAUNDRY & LINEN SERVICE	685769	10846	16366	10781	723762	148501	7724	8761
10 HOUSEKEEPING	2216578	78960	119146	425157	2839841	582679	56231	63778
11 DIETARY	2208067	204868	309131	281776	3003842	616328	145896	165475
12 CAFETERIA	204183			151138	355321	72905		
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	1815646	44001	66395	470448	2396490	491712	31335	35541
15 CENTRAL SERVICES & SUPPLY	1181561	140293	211692	121416	1654962	339565	99909	113317
16 PHARMACY	3100944	52678	79488	638216	3871326	794319	37515	42549
17 MEDICAL RECORDS & LIBRARY	1765201	70786	106811	422869	2365667	485388	50410	57175
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	18244780	1078570	1627483	4525039	25475872	5227121	768101	871178
26 INTENSIVE CARE UNIT	5512811	210028	316918	1263868	7303625	1498558	149571	169643
31 SUBPROVIDER I	1254221	123715	186678	319852	1884466	386655	88103	99927
31.01 INPATIENT PSYCHIATRY SUBPROVIDE								
33 NURSERY	1410619	174430	263202	320937	2169188	445074	124219	140890
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10720348	1025549	1547480	1959419	15252796	3129569	730340	828353
39 DELIVERY ROOM & LABOR ROOM	773401	95629	144298	175960	1189288	244018	68102	77241
40 ANESTHESIOLOGY	400890	15276	23050	34162	473378	97128	10879	12339
41 RADIOLOGY-DIAGNOSTIC	11171326	793874	1197899	1808974	14972073	3071970	565354	641225
42 RADIOLOGY-THERAPEUTIC	2261294	258322	389790	507946	3417352	701172	183963	208651
44 LABORATORY	6309916	27287	41174	597606	6975983	1431332	19432	22040
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	1451311	51148	77179	300267	1879905	385719	36425	41313
50 PHYSICAL THERAPY	5219205	191966	289664	1162951	6863786	1408312	136708	155054
55 MEDICAL SUPPLIES CHARGED TO PAT	16238151				16238151	3331744		
55.30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS	8385961				8385961	1720631		55.30
59 CARDIAC REHABILITATION	1527275	22948	34627	366098	1950948	400296	16343	18536
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	435209	60008	90548	90560	676325	138768	42734	48470
60.03 ANTICOAGULATION CLINIC								
61 EMERGENCY	4720827	213111	321569	1138362	6393869	1311894	151766	172133
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	2722897	10778	16263	645006	3394944	696575	7675	8705
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	179430579	5763742	8697078	18778673	179091594	30471576	3886238	4002294
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	487	56058	84587		141132	28957	39921	45279
98.01 OCCUPATIONAL HEALTH	189290	65671	99093	33576	387630	79534	46767	53043
98.02 FLIGHT FOR LIFE	-7260				-7260			
98.03 HOME HEALTH DME	50				50	10		
98.04 WELLNESS PROGRAM								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	179613146	5885471	8880758	18812249	179613146	30580077	3972926	4100616

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
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	888748								9
10 HOUSEKEEPING		3542529							10
11 DIETARY		145529	4077070						11
12 CAFETERIA				428226					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		31257		7674	2994009				14
15 CENTRAL SERVICES & SUPPLY		99658		5704		2313115			15
16 PHARMACY		37420		14352		6796	4804277		16
17 MEDICAL RECORDS & LIBRARY		50283		17307				3026230	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	278268	766165	3194152	126152	1374433	65303		284371	25
26 INTENSIVE CARE UNIT	79951	149194	479962	28862	314466	29066		67545	26
31 SUBPROVIDER I	60023	87882	303763	9006	98136	2112		19599	31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE									31.01
33 NURSERY	17645	123907		8004	87205	13501		17881	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	107431	728502		50994	555578	170375		391315	37
39 DELIVERY ROOM & LABOR ROOM	9674	67931	99193	4388	47812	7402		10383	39
40 ANESTHESIOLOGY		10851		961	10476	22619		33742	40
41 RADIOLOGY-DIAGNOSTIC	134492	563931		46207		40451		709469	41
42 RADIOLOGY-THERAPEUTIC		183500		11955		4153		105810	42
44 LABORATORY		19383		18202		149264		420950	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		36333		8938	97359	10543		48221	49
50 PHYSICAL THERAPY	563	136364		28373		3522		75824	50
55 MEDICAL SUPPLIES CHARGED TO PAT						1734628		274407	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							4804277	369839	56
59 CARDIAC REHABILITATION	8579	16301		6916	75343	3269		65917	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		42627		2328		2040		5294	60
60.03 ANTICOAGULATION CLINIC									60.03
61 EMERGENCY	192122	151384		30584	333201	47924		125663	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		7656				147			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	888748	3456058	4077070	426907	2994009	2313115	4804277	3026230	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		39821							96
98.01 OCCUPATIONAL HEALTH		46650		1319					98.01
98.02 FLIGHT FOR LIFE									98.02
98.03 HOME HEALTH DME									98.03
98.04 WELLNESS PROGRAM									98.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	888748	3542529	4077070	428226	2994009	2313115	4804277	3026230	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	38431116		38431116	25
26 INTENSIVE CARE UNIT	10270443		10270443	26
31 SUBPROVIDER I	3039672		3039672	31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE				31.01
33 NURSERY	3147514		3147514	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	21945253		21945253	37
39 DELIVERY ROOM & LABOR ROOM	1825432		1825432	39
40 ANESTHESIOLOGY	672373		672373	40
41 RADIOLOGY-DIAGNOSTIC	20745172		20745172	41
42 RADIOLOGY-THERAPEUTIC	4816556		4816556	42
44 LABORATORY	9056586		9056586	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	2544756		2544756	49
50 PHYSICAL THERAPY	8808506		8808506	50
55 MEDICAL SUPPLIES CHARGED TO PAT	21578930		21578930	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	15280708		15280708	56
59 CARDIAC REHABILITATION	2562448		2562448	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	958586		958586	60
60.03 ANTICOAGULATION CLINIC				60.03
61 EMERGENCY	8910540		8910540	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	4115702		4115702	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	178710293		178710293	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	295110		295110	96
98.01 OCCUPATIONAL HEALTH	614943		614943	98.01
98.02 FLIGHT FOR LIFE	-7260		-7260	98.02
98.03 HOME HEALTH DME	60		60	98.03
98.04 WELLNESS PROGRAM				98.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	179613146		179613146	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	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
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		112481	169726	282207	282207				5
6 ADMINISTRATIVE & GENERAL	528321	168105	253658	950084	8673	958757			6
7 MAINTENANCE & REPAIRS	67212	26077	39348	132637	3169	21207	157013		7
8 OPERATION OF PLANT	4787	502008	757495	1264290	3757	19980	14129	1302156	8
9 LAUNDRY & LINEN SERVICE		10846	16366	27212	162	4656	305	2782	9
10 HOUSEKEEPING		78960	119146	198106	6377	18269	2222	20253	10
11 DIETARY	1063	204868	309131	515062	4227	19324	5766	52547	11
12 CAFETERIA					2267	2286			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	165	44001	66395	110561	7057	15417	1238	11286	14
15 CENTRAL SERVICES & SUPPLY	406134	140293	211692	758119	1821	10646	3948	35984	15
16 PHARMACY	575294	52678	79488	707460	9573	24904	1483	13512	16
17 MEDICAL RECORDS & LIBRARY	11114	70786	106811	188711	6343	15218	1992	18156	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1078570	1627483	2706053	67896	163867	30357	276644	25
26 INTENSIVE CARE UNIT		210028	316918	526946	18958	46984	5911	53870	26
31 SUBPROVIDER I		123715	186678	310393	4798	12123	3482	31732	31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE									31.01
33 NURSERY		174430	263202	437632	4814	13954	4909	44740	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	67743	1025549	1547480	2640772	29392	98121	28864	263044	37
39 DELIVERY ROOM & LABOR ROOM		95629	144298	239927	2639	7651	2691	24528	39
40 ANESTHESIOLOGY		15276	23050	38326	512	3045	430	3918	40
41 RADIOLOGY-DIAGNOSTIC	1016484	793874	1197899	3008257	27135	96315	22343	203622	41
42 RADIOLOGY-THERAPEUTIC	184	258322	389790	648296	7619	21984	7270	66257	42
44 LABORATORY	145843	27287	41174	214304	8964	44876	768	6999	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	67245	51148	77179	195572	4504	12093	1440	13119	49
50 PHYSICAL THERAPY	443659	191966	289664	925289	17445	44155	5403	49238	50
55 MEDICAL SUPPLIES CHARGED TO PAT						104460			55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						53947			56
59 CARDIAC REHABILITATION	143750	22948	34627	201325	5492	12550	646	5886	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	57951	60008	90548	208507	1358	4351	1689	15392	60
60.03 ANTICOAGULATION CLINIC									60.03
61 EMERGENCY		213111	321569	534680	17076	41132	5998	54661	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	34032	10778	16263	61073	9675	21840	303	2764	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3570981	5763742	8697078	18031801	281703	955355	153587	1270934	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		56058	84587	140645		908	1578	14378	96
98.01 OCCUPATIONAL HEALTH	59919	65671	99093	224683	504	2494	1848	16844	98.01
98.02 FLIGHT FOR LIFE	324			324					98.02
98.03 HOME HEALTH DME									98.03
98.04 WELLNESS PROGRAM									98.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3631224	5885471	8880758	18397453	282207	958757	157013	1302156	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
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	35117								9
10 HOUSEKEEPING		245227							10
11 DIETARY		10074	607000						11
12 CAFETERIA				4553					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2164			82	147805			14
15 CENTRAL SERVICES & SUPPLY		6899			61	817478			15
16 PHARMACY		2590			153	2402	762077		16
17 MEDICAL RECORDS & LIBRARY		3481			184			234085	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10996	53037	475550	1339	67853	23079		22012	25
26 INTENSIVE CARE UNIT	3159	10328	71457	307	15524	10272		5228	26
31 SUBPROVIDER I	2372	6083	45225	96	4845	747		1517	31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE									31.01
33 NURSERY	697	8577		85	4305	4772		1384	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4245	50430		542	27427	60212		30290	37
39 DELIVERY ROOM & LABOR ROOM	382	4702	14768	47	2360	2616		804	39
40 ANESTHESIOLOGY		751		10	517	7994		2612	40
41 RADIOLOGY-DIAGNOSTIC	5314	39037		491		14296		54757	41
42 RADIOLOGY-THERAPEUTIC		12703		127		1468		8190	42
44 LABORATORY		1342		194		52751		32583	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		2515		95	4806	3726		3733	49
50 PHYSICAL THERAPY	22	9440		302		1245		5869	50
55 MEDICAL SUPPLIES CHARGED TO PAT						613033		21240	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							762077	28627	56
59 CARDIAC REHABILITATION	339	1128		74	3719	1155		5102	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		2951		25		721		410	60
60.03 ANTICOAGULATION CLINIC									60.03
61 EMERGENCY	7591	10479		325	16449	16937		9727	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		530				52			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	35117	239241	607000	4539	147805	817478	762077	234085	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2757							96
98.01 OCCUPATIONAL HEALTH		3229		14					98.01
98.02 FLIGHT FOR LIFE									98.02
98.03 HOME HEALTH DME									98.03
98.04 WELLNESS PROGRAM									98.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	35117	245227	607000	4553	147805	817478	762077	234085	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	3898683		3898683	25
26 INTENSIVE CARE UNIT	768944		768944	26
31 SUBPROVIDER I	423413		423413	31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE				31.01
33 NURSERY	525869		525869	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	3233339		3233339	37
39 DELIVERY ROOM & LABOR ROOM	303115		303115	39
40 ANESTHESIOLOGY	58115		58115	40
41 RADIOLOGY-DIAGNOSTIC	3471567		3471567	41
42 RADIOLOGY-THERAPEUTIC	773914		773914	42
44 LABORATORY	362781		362781	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	241603		241603	49
50 PHYSICAL THERAPY	1058408		1058408	50
55 MEDICAL SUPPLIES CHARGED TO PAT	738733		738733	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	844651		844651	56
59 CARDIAC REHABILITATION	237416		237416	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	235404		235404	60
60.03 ANTICOAGULATION CLINIC				60.03
61 EMERGENCY	715055		715055	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	96237		96237	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	17987247		17987247	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	160266		160266	96
98.01 OCCUPATIONAL HEALTH	249616		249616	98.01
98.02 FLIGHT FOR LIFE	324		324	98.02
98.03 HOME HEALTH DME				98.03
98.04 WELLNESS PROGRAM				98.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	18397453		18397453	103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5885471	8880758	18812249		30580077	3972926	4100616 103
104 UNIT COST MULT-WS B PT I		34.455063				16.261224	104
104 UNIT COST MULT-WS B PT I	22.834118		.266262		.205180		18.443495 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			282207		958757	157013	1302156 107
108 UNIT COST MULT-WS B PT III						.642656	108
108 UNIT COST MULT-WS B PT III			.003994		.006433		5.856756 108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	POUNDS OF LAUNDRY 9	SQUARE FEET 10	MEALS SERVED 11	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	888748	3542529	4077070	428226	2994009	2313115	4804277	3026230	103
104 UNIT COST MULT-WS B PT I	.651181		12.244557		2.489437		.572895		104
104 UNIT COST MULT-WS B PT I		16.220297		3.444158		.104007		.005271	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	35117	245227	607000	4553	147805	817478	762077	234085	107
108 UNIT COST MULT-WS B PT III	.025730		1.822987		.122896		.090875		108
108 UNIT COST MULT-WS B PT III		1.122829		.036619		.036757		.000408	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
31.01	INPATIENT PSYCHIATRY SUBPROVI	31.01
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
42	RADIOLOGY-THERAPEUTIC	42
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
59	CARDIAC REHABILITATION	59
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
60.03	ANTICOAGULATION CLINIC	60.03
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98.01	OCCUPATIONAL HEALTH	98.01
98.02	FLIGHT FOR LIFE	98.02
98.03	HOME HEALTH DME	98.03
98.04	WELLNESS PROGRAM	98.04

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/27/2009 08:24

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	38431116		38431116		38431116	25
26 INTENSIVE CARE UNIT	10270443		10270443		10270443	26
31 SUBPROVIDER I	3039672		3039672		3039672	31
31.01 INPATIENT PSYCHIATRY SUBPRO						31.01
33 NURSERY	3147514		3147514		3147514	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21945253		21945253		21945253	37
39 DELIVERY ROOM & LABOR ROOM	1825432		1825432		1825432	39
40 ANESTHESIOLOGY	672373		672373		672373	40
41 RADIOLOGY-DIAGNOSTIC	20745172		20745172		20745172	41
42 RADIOLOGY-THERAPEUTIC	4816556		4816556		4816556	42
44 LABORATORY	9056586		9056586		9056586	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2544756		2544756		2544756	49
50 PHYSICAL THERAPY	8808506		8808506		8808506	50
55 MEDICAL SUPPLIES CHARGED TO	21578930		21578930		21578930	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	15280708		15280708		15280708	56
59 CARDIAC REHABILITATION	2562448		2562448		2562448	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	958586		958586		958586	60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY	8910540		8910540		8910540	61
62 OBSERVATION BEDS (NON-DISTI	3736573		3736573		3736573	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	178331164		178331164		178331164	101
102 LESS OBSERVATION BEDS	3736573		3736573		3736573	102
103 TOTAL	174594591		174594591		174594591	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	48477384		48477384			25
26 INTENSIVE CARE UNIT	12814472		12814472			26
31 SUBPROVIDER I	3718176		3718176			31
31.01 INPATIENT PSYCHIATRY SUBPRO						31.01
33 NURSERY	3392307		3392307			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	25315666	48923615	74239281	.295602	.295602	.295602 37
39 DELIVERY ROOM & LABOR ROOM	1859904	109926	1969830	.926695	.926695	.926695 39
40 ANESTHESIOLOGY	2920070	3481425	6401495	.105034	.105034	.105034 40
41 RADIOLOGY-DIAGNOSTIC	41164649	93430211	134594860	.154130	.154130	.154130 41
42 RADIOLOGY-THERAPEUTIC	1179209	18894765	20073974	.239940	.239940	.239940 42
44 LABORATORY	42298144	37563311	79861455	.113404	.113404	.113404 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7713805	1434642	9148447	.278163	.278163	.278163 49
50 PHYSICAL THERAPY	5736228	8648958	14385186	.612332	.612332	.612332 50
55 MEDICAL SUPPLIES CHARGED TO	35532710	16526965	52059675	.414504	.414504	.414504 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	43798377	26366404	70164781	.217783	.217783	.217783 56
59 CARDIAC REHABILITATION	6260092	6245586	12505678	.204903	.204903	.204903 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	11475	992929	1004404	.954383	.954383	.954383 60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY	9233663	14606853	23840516	.373756	.373756	.373756 61
62 OBSERVATION BEDS (NON-DISTI		5472699	5472699	.682766	.682766	.682766 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	291426331	282698289	574124620			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	291426331	282698289	574124620			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3898683		3898683
26 INTENSIVE CARE UNIT				768944		768944
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				423413		423413
31.01 INPATIENT PSYCHIATRY SUBPROVIDE						
33 NURSERY				525869		525869
101 TOTAL				5616909		5616909

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	41490	19898			93.97	1869815
26 INTENSIVE CARE UNIT	5508	3117			139.60	435133
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3486	2543			121.46	308873
31.01 INPATIENT PSYCHIATRY SUBPROVIDE						
33 NURSERY	2227				236.13	
101 TOTAL	52711	25558				2613821

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3233339	74239281	11060958			.043553	481738	37
39 DELIVERY ROOM & LABOR ROOM		303115	1969830	1764			.153879	271	39
40 ANESTHESIOLOGY		58115	6401495	1113773			.009078	10111	40
41 RADIOLOGY-DIAGNOSTIC		3471567	134594860	22573962			.025793	582250	41
42 RADIOLOGY-THERAPEUTIC		773914	20073974	608919			.038553	23476	42
44 LABORATORY		362781	79861455	23119449			.004543	105032	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		241603	9148447	4672225			.026409	123389	49
50 PHYSICAL THERAPY		1058408	14385186	2093204			.073576	154010	50
55 MEDICAL SUPPLIES CHARGED TO P		738733	52059675	18743049			.014190	265964	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		844651	70164781	23049812			.012038	277474	56
59 CARDIAC REHABILITATION		237416	12505678	3725199			.018985	70723	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		235404	1004404	8109			.234372	1901	60
60.03 ANTICOAGULATION CLINIC									60.03
61 EMERGENCY		715055	23840516	4354860			.029993	130615	61
62 OBSERVATION BEDS (NON-DISTINC		379060	5472699				.069264		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		12653161	505722281	115125283				2226954	101

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					41490		19898	25
26 INTENSIVE CARE UNIT					5508		3117	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3486		2543	31
31.01 INPATIENT PSYCHIATRY SUBPROVI								31.01
33 NURSERY					2227			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					52711		25558	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHABILITATION							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74239281			11060958		10786223 37
39 DELIVERY ROOM & LABOR ROOM		1969830			1764		39
40 ANESTHESIOLOGY		6401495			1113773		566918 40
41 RADIOLOGY-DIAGNOSTIC		134594860			22573962		20094130 41
42 RADIOLOGY-THERAPEUTIC		20073974			608919		8518270 42
44 LABORATORY		79861455			23119449		1282853 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9148447			4672225		449196 49
50 PHYSICAL THERAPY		14385186			2093204		21902 50
55 MEDICAL SUPPLIES CHARGED TO P		52059675			18743049		5006863 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		70164781			23049812		9466432 56
59 CARDIAC REHABILITATION		12505678			3725199		1817393 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1004404			8109		392856 60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY		23840516			4354860		1968853 61
62 OBSERVATION BEDS (NON-DISTINC		5472699					1216079 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		505722281			115125283		61587968 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIAC REHABILITATION						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0116) [ ] 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						
37 OPERATING ROOM	.295602	.295602	.295602			37
39 DELIVERY ROOM & LABOR ROOM	.926695	.926695	.926695			39
40 ANESTHESIOLOGY	.105034	.105034	.105034			40
41 RADIOLOGY-DIAGNOSTIC	.154130	.154130	.154130			41
42 RADIOLOGY-THERAPEUTIC	.239940	.239940	.239940			42
44 LABORATORY	.113404	.113404	.113404			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.278163	.278163	.278163			49
50 PHYSICAL THERAPY	.612332	.612332	.612332			50
55 MEDICAL SUPPLIES CHARGED TO PAT	.414504	.414504	.414504			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.217783	.217783	.217783			56
59 CARDIAC REHABILITATION	.204903	.204903	.204903			59
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.954383	.954383	.954383			60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY	.373756	.373756	.373756			61
62 OBSERVATION BEDS (NON-DISTINCT	.682766	.682766	.682766			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.217783	1
2 PROGRAM VACCINE CHARGES	2	15991	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	3483	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 (14-0116) [ ] 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
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		10786223						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		566918						40
41 RADIOLOGY-DIAGNOSTIC		20094130						41
42 RADIOLOGY-THERAPEUTIC		8518270						42
44 LABORATORY		1282853						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		449196	183					49
50 PHYSICAL THERAPY		21902						50
55 MEDICAL SUPPLIES CHARGED TO PA		5006863						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		9466432						56
59 CARDIAC REHABILITATION		1817393						59
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		392856						60
60.03 ANTICOAGULATION CLINIC								60.03
61 EMERGENCY		1968853						61
62 OBSERVATION BEDS (NON-DISTINCT		1216079						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		61587968	183					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		61587968	183					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0116) [ ] 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		3188429					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		59546					40
41 RADIOLOGY-DIAGNOSTIC		3097108					41
42 RADIOLOGY-THERAPEUTIC		2043874					42
44 LABORATORY		145481					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		124950	51				49
50 PHYSICAL THERAPY		13411					50
55 MEDICAL SUPPLIES CHARGED TO PAT		2075365					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2061628					56
59 CARDIAC REHABILITATION		372389					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		374935					60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY		735871					61
62 OBSERVATION BEDS (NON-DISTINCT		830297					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		15123284	51				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		15123284	51				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-T116) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3233339	74239281	10471			.043553	456	37
39 DELIVERY ROOM & LABOR ROOM		303115	1969830				.153879		39
40 ANESTHESIOLOGY		58115	6401495	359			.009078	3	40
41 RADIOLOGY-DIAGNOSTIC		3471567	134594860	102747			.025793	2650	41
42 RADIOLOGY-THERAPEUTIC		773914	20073974	5448			.038553	210	42
44 LABORATORY		362781	79861455	525255			.004543	2386	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		241603	9148447	60627			.026409	1601	49
50 PHYSICAL THERAPY		1058408	14385186	2094761			.073576	154124	50
55 MEDICAL SUPPLIES CHARGED TO P		738733	52059675	98999			.014190	1405	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		844651	70164781	673717			.012038	8110	56
59 CARDIAC REHABILITATION		237416	12505678	3863			.018985	73	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		235404	1004404				.234372		60
60.03 ANTICOAGULATION CLINIC									60.03
61 EMERGENCY		715055	23840516				.029993		61
62 OBSERVATION BEDS (NON-DISTINC		379060	5472699				.069264		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		12653161	505722281	3576247				171018	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-T116) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74239281			10471		37
39 DELIVERY ROOM & LABOR ROOM		1969830					39
40 ANESTHESIOLOGY		6401495			359		40
41 RADIOLOGY-DIAGNOSTIC		134594860			102747		41
42 RADIOLOGY-THERAPEUTIC		20073974			5448		42
44 LABORATORY		79861455			525255		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9148447			60627		49
50 PHYSICAL THERAPY		14385186			2094761		50
55 MEDICAL SUPPLIES CHARGED TO P		52059675			989999		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		70164781			673717		56
59 CARDIAC REHABILITATION		12505678			3863		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1004404					60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY		23840516					61
62 OBSERVATION BEDS (NON-DISTINC		5472699					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		505722281			3576247		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-T116) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIAC REHABILITATION						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY						61
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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3898683		3898683
26 INTENSIVE CARE UNIT				768944		768944
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				423413		423413
31.01 INPATIENT PSYCHIATRY SUBPROVIDE						
33 NURSERY				525869		525869
101 TOTAL				5616909		5616909

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	41490	3237			93.97	304181
26 INTENSIVE CARE UNIT	5508	330			139.60	46068
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3486	62			121.46	7531
31.01 INPATIENT PSYCHIATRY SUBPROVIDE						
33 NURSERY	2227	855			236.13	201891
101 TOTAL	52711	4484				559671

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] 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	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3233339	74239281				.043553	37
39 DELIVERY ROOM & LABOR ROOM		303115	1969830				.153879	39
40 ANESTHESIOLOGY		58115	6401495				.009078	40
41 RADIOLOGY-DIAGNOSTIC		3471567	134594860				.025793	41
42 RADIOLOGY-THERAPEUTIC		773914	20073974				.038553	42
44 LABORATORY		362781	79861455				.004543	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		241603	9148447				.026409	49
50 PHYSICAL THERAPY		1058408	14385186				.073576	50
55 MEDICAL SUPPLIES CHARGED TO P		738733	52059675				.014190	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		844651	70164781				.012038	56
59 CARDIAC REHABILITATION		237416	12505678				.018985	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		235404	1004404				.234372	60
60.03 ANTICOAGULATION CLINIC								60.03
61 EMERGENCY		715055	23840516				.029993	61
62 OBSERVATION BEDS (NON-DISTINC		379060	5472699				.069264	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12653161	505722281					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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					41490		3237	25
26 INTENSIVE CARE UNIT					5508		330	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3486		62	31
31.01 INPATIENT PSYCHIATRY SUBPROVI								31.01
33 NURSERY					2227		855	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					52711		4484	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHABILITATION							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] 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		74239281					37
39 DELIVERY ROOM & LABOR ROOM		1969830					39
40 ANESTHESIOLOGY		6401495					40
41 RADIOLOGY-DIAGNOSTIC		134594860					41
42 RADIOLOGY-THERAPEUTIC		20073974					42
44 LABORATORY		79861455					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9148447					49
50 PHYSICAL THERAPY		14385186					50
55 MEDICAL SUPPLIES CHARGED TO P		52059675					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		70164781					56
59 CARDIAC REHABILITATION		12505678					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1004404					60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY		23840516					61
62 OBSERVATION BEDS (NON-DISTINC		5472699					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		505722281					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0116)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHABILITATION					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 ANTICOAGULATION CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			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		3233339	74239281			.043553		37
39 DELIVERY ROOM & LABOR ROOM		303115	1969830			.153879		39
40 ANESTHESIOLOGY		58115	6401495			.009078		40
41 RADIOLOGY-DIAGNOSTIC		3471567	134594860			.025793		41
42 RADIOLOGY-THERAPEUTIC		773914	20073974			.038553		42
44 LABORATORY		362781	79861455			.004543		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		241603	9148447			.026409		49
50 PHYSICAL THERAPY		1058408	14385186			.073576		50
55 MEDICAL SUPPLIES CHARGED TO P		738733	52059675			.014190		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		844651	70164781			.012038		56
59 CARDIAC REHABILITATION		237416	12505678			.018985		59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		235404	1004404			.234372		60
60.03 ANTICOAGULATION CLINIC								60.03
61 EMERGENCY		715055	23840516			.029993		61
62 OBSERVATION BEDS (NON-DISTINC		379060	5472699			.069264		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12653161	505722281					101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] 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		74239281					37
39 DELIVERY ROOM & LABOR ROOM		1969830					39
40 ANESTHESIOLOGY		6401495					40
41 RADIOLOGY-DIAGNOSTIC		134594860					41
42 RADIOLOGY-THERAPEUTIC		20073974					42
44 LABORATORY		79861455					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9148447					49
50 PHYSICAL THERAPY		14385186					50
55 MEDICAL SUPPLIES CHARGED TO P		52059675					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		70164781					56
59 CARDIAC REHABILITATION		12505678					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1004404					60
60.03 ANTICOAGULATION CLINIC							60.03
61 EMERGENCY		23840516					61
62 OBSERVATION BEDS (NON-DISTINC		5472699					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		505722281					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (14-T116)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHABILITATION					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 ANTICOAGULATION CLINIC					60.03
61 EMERGENCY					61
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) (14-0116)	SUB I (PPS) (14-T116)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	41490	3486					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	41490	3486					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41490	3486					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)	19898	2543					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) (14-0116)	SUB I (PPS) (14-T116)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	38431116	3039672					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	38431116	3039672					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61291856	3718176					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61291856	3718176					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.627018	.817517					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1477.27	1066.60					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	38431116	3039672					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) (14-0116)	SUB I (PPS) (14-T116)	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	926.27	871.97				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18430920	2217420				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18430920	2217420				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10270443	5508	1864.64	3117	5812083	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0116)	SUB I (PPS) (14-T116)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	27404527	1567946				48
49 TOTAL PROGRAM INPATIENT COSTS	51647530	3785366				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2304948	308873				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2226954	171018				51
52 TOTAL PROGRAM EXCLUDABLE COST	4531902	479891				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	47115628	3305475				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) (14-0116)	SUB I (PPS) (14-T116)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0116)(14-T116)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4034	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	926.27	84
85 OBSERVATION BED COST	3736573	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		38431116		3736573		86
87 NEW CAPITAL-RELATED COST	3898683	38431116	.101446	3736573	379060	87
88 NON PHYSICIAN ANESTHETIST		38431116		3736573		88
89 MEDICAL EDUCATION		38431116		3736573		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0116)	(OTHER) (14-T116)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	41490	3486					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	41490	3486					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41490	3486					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)	3237	62					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	2227						15
16 TITLE V OR XIX NURSERY DAYS	855						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) (14-0116)	SUB I (OTHER) (14-T116)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	38431116	3039672					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	38431116	3039672					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	61291856	3718176					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	61291856	3718176					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.627018	.817517					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1477.27	1066.60					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	38431116	3039672					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0116)	SUB I (OTHER) (14-T116)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	926.27	871.97				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2998336	54062				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2998336	54062				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)	3147514	2227	1413.34	855	1208406	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10270443	5508	1864.64	330	615331	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0116)	SUB I (OTHER) (14-T116)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	4822073	54062				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	552140	7531				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	552140	7531				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) (14-0116)	SUB I (OTHER) (14-T116)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		6				55
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. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/27/2009 08:24

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0116)	SUB I (OTHER) (14-T116)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4034	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	926.27	84
85 OBSERVATION BED COST	3736573	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0116)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		28435154		25
26 INTENSIVE CARE UNIT		7313873		26
31 SUBPROVIDER I				31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.295602	11060958	3269641	37
39 DELIVERY ROOM & LABOR ROOM	.926695	1764	1635	39
40 ANESTHESIOLOGY	.105034	1113773	116984	40
41 RADIOLOGY-DIAGNOSTIC	.154130	22573962	3479325	41
42 RADIOLOGY-THERAPEUTIC	.239940	608919	146104	42
44 LABORATORY	.113404	23119449	2621838	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.278163	4672225	1299640	49
50 PHYSICAL THERAPY	.612332	2093204	1281736	50
55 MEDICAL SUPPLIES CHARGED TO PAT	.414504	18743049	7769069	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.217783	23049812	5019857	56
59 CARDIAC REHABILITATION	.204903	3725199	763304	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.954383	8109	7739	60
60.03 ANTICOAGULATION CLINIC				60.03
61 EMERGENCY	.373756	4354860	1627655	61
62 OBSERVATION BEDS (NON-DISTINCT	.682766			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		115125283	27404527	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		115125283		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-T116)	<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
31 SUBPROVIDER I		2828342		31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE ANCILLARY SERVICE COST CENTERS				31.01
37 OPERATING ROOM	.295602	10471	3095	37
39 DELIVERY ROOM & LABOR ROOM	.926695			39
40 ANESTHESIOLOGY	.105034	359	38	40
41 RADIOLOGY-DIAGNOSTIC	.154130	102747	15836	41
42 RADIOLOGY-THERAPEUTIC	.239940	5448	1307	42
44 LABORATORY	.113404	525255	59566	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.278163	60627	16864	49
50 PHYSICAL THERAPY	.612332	2094761	1282689	50
55 MEDICAL SUPPLIES CHARGED TO PAT	.414504	98999	41035	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.217783	673717	146724	56
59 CARDIAC REHABILITATION	.204903	3863	792	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.954383			60
60.03 ANTICOAGULATION CLINIC				60.03
61 EMERGENCY	.373756			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.682766			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3576247	1567946	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3576247		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0116)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.295602		37
39 DELIVERY ROOM & LABOR ROOM	.926695		39
40 ANESTHESIOLOGY	.105034		40
41 RADIOLOGY-DIAGNOSTIC	.154130		41
42 RADIOLOGY-THERAPEUTIC	.239940		42
44 LABORATORY	.113404		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.278163		49
50 PHYSICAL THERAPY	.612332		50
55 MEDICAL SUPPLIES CHARGED TO PAT	.414504		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.217783		56
59 CARDIAC REHABILITATION	.204903		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.954383		60
60.03 ANTICOAGULATION CLINIC			60.03
61 EMERGENCY	.373756		61
62 OBSERVATION BEDS (NON-DISTINCT	.682766		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

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T116)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 INPATIENT PSYCHIATRY SUBPROVIDE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.295602		37
39 DELIVERY ROOM & LABOR ROOM	.926695		39
40 ANESTHESIOLOGY	.105034		40
41 RADIOLOGY-DIAGNOSTIC	.154130		41
42 RADIOLOGY-THERAPEUTIC	.239940		42
44 LABORATORY	.113404		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.278163		49
50 PHYSICAL THERAPY	.612332		50
55 MEDICAL SUPPLIES CHARGED TO PAT	.414504		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.217783		56
59 CARDIAC REHABILITATION	.204903		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.954383		60
60.03 ANTICOAGULATION CLINIC			60.03
61 EMERGENCY	.373756		61
62 OBSERVATION BEDS (NON-DISTINCT	.682766		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0116)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8749142					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9334172					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	18953687					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1359850					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	148.78					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0116)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05			335.00			5.05
5.06						5.06
6			38396851			6
7						7
7.01						7.01
8			38396851			8
9			3247778			9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16			41644629			16
17			27186			17
18			41617443			18
19			3322064			19
20			129708			20
21			275308			21
21.01			192716			21.01
21.02			265176			21.02
22			38358387			22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0116)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	38358387				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	38429408				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-71021				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0116)	HOSPITAL (14-0116)	HOSPITAL (14-0116)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	3534			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	15123284			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13477360			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.817	0.817		1.03
1.04 LINE 1.01 TIMES LINE 1.03	12355723			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	3534			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	16174			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	16174			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	16174			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	12640			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3534			17
17.01 TOTAL PPS PAYMENTS	13477360			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0116) 1	HOSPITAL (14-0116) 1.01	HOSPITAL (14-0116) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	37		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3386644		18.01
19 SUBTOTAL	10094213		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	10094213		23
24 PRIMARY PAYER PAYMENTS	393		24
25 SUBTOTAL	10093820		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	310554		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	217388		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	301810		27.02
28 SUBTOTAL	10311208		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS	581		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	10311789		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10254347		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	57442		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-T116)	SUB I (14-T116)	SUB I (14-T116)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T116)	SUB I (14-T116)	SUB I (14-T116)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0116)  
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  
(14-0116)  
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  
(14-0116)  
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 (14-0116)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38429408		10254347	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 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		38429408		10254347	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	-71021		57442	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		38358387		10311789	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T116)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3174803		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	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3174803		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-34769		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3140034		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T116)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3083714				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0034				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	40532				1.04
1.05	OUTLIER PAYMENTS	43136				1.05
1.06	TOTAL PPS PAYMENTS	3167382				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	9.550685				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3167382				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3167382				6
7	DEDUCTIBLES	14556				7
8	SUBTOTAL	3152826				8
9	COINSURANCE	13540				9
10	SUBTOTAL	3139286				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	1068				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	748				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1068				11.02
12	SUBTOTAL	3140034				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-T116)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		3140034				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3174803				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-34769				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0116) (OTHER)	SUB I (14-T116) (OTHER)	SUB II	SUB III	SUB IV	NF I
1	1	1	1	1	1	1
2	4822073	54062				
3						
4						
5						
6	4822073	54062				
7						
8						
9	4822073	54062				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	4822073	54062				
23	4822073	54062				
24						
25						
26						
27						
28						
29						
30	4822073	54062				
31						
32	4822073	54062				
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 (14-0116) (OTHER)	SUB I (14-T116) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	4822073	54062				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
<b>CURRENT ASSETS</b>					
1 CASH ON HAND AND IN BANKS	50053				1
2 TEMPORARY INVESTMENTS	12615624				2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	40271035				4
5 OTHER RECEIVABLES	7619				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14283649				6
7 INVENTORY	3606406				7
8 PREPAID EXPENSES	1084760				8
9 OTHER CURRENT ASSETS	2483028				9
10 DUE FROM OTHER FUNDS	34691840				10
11 TOTAL CURRENT ASSETS	80526716				11
<b>FIXED ASSETS</b>					
12 LAND	65000				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	1751939				13
13.01 ACCUMULATED DEPRECIATION	-1225630				13.01
14 BUILDINGS	64404111				14
14.01 ACCUMULATED DEPRECIATION	-25364749				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT					16
16.01 ACCUMULATED DEPRECIATION					16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	106995427				18
18.01 ACCUMULATED DEPRECIATION	-78873218				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	67752880				21
<b>OTHER ASSETS</b>					
22 INVESTMENTS	42521610				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	22060012				25
26 TOTAL OTHER ASSETS	64581622				26
27 TOTAL ASSETS	212861218				27
<b>LIABILITIES AND FUND BALANCES</b>					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
<b>CURRENT LIABILITIES</b>					
28 ACCOUNTS PAYABLE	2975549				28
29 SALARIES, WAGES & FEES PAYABLE	14653476				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)	4582052				31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	9657452				35
36 TOTAL CURRENT LIABILITIES	31868529				36
<b>LONG-TERM LIABILITIES</b>					
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	70721069				41
42 TOTAL LONG TERM LIABILITIES	70721069				42
43 TOTAL LIABILITIES	102589598				43
<b>CAPITAL ACCOUNTS</b>					
44 GENERAL FUND BALANCE	110271620				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	110271620				51
52 TOTAL LIABILITIES AND FUND BALANCES	212861218				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	121251822			1
2 NET INCOME (LOSS)	-1412465			2
3 TOTAL	119839357			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	119839357			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	9567737			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	9567737			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	110271620			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	53483949		53483949	2
4 SUBPROVIDER I	3718176		3718176	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	57202125		57202125	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12828769		12828769	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12828769		12828769	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	70030894		70030894	18
18.50 ANCILLARY SERVICES	221122682		510890657	18.50
18.60 OUTPATIENT SERVICES		289767975		18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	291153576	289767975	580921551	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		196510556	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	22802551		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		22802551	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		219313107	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	580921551	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	351512368	2
3	NET PATIENT REVENUES	229409183	3
4	LESS - TOTAL OPERATING EXPENSES	219313107	4
5	NET INCOME FROM SERVICE TO PATIENTS	10096076	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	-125240	6
7	INCOME FROM INVESTMENTS	9767076	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	5195527	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	808801	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER INCOME	317617	24
24.01	ONCOLOGY INCOME	7296	24.01
24.02	MEMBERSHIP DUES	2835	24.02
24.03	RADIOLOGY XRAY COPY FEES	12670	24.03
24.04	PATIENT ACCOUNTS COPYING FEES	71	24.04
24.05	NURSING EDUCATION INCOME	5020	24.05
24.06	OB BREAST FEEDING	8095	24.06
24.07	ER PUBLIC AID TRAUMA	87275	24.07
24.08	MEDICAL RECORDS INCOME	1282	24.08
24.09	EDUCATION INCOME	40014	24.09
24.10	EMS TUITION INCOME	133129	24.10
24.11	ADMIN FEES - MEDICAL STAFF	9875	24.11
24.12	RSVP INCOME	1142	24.12
24.13	VIS REVENUE	130	24.13
24.14	SHARED LAB REVE	427036	24.14
24.15	DAY CARE REVENUE	771637	24.15
24.16	2002 SERIES BONDS INTEREST INCOME	101662	24.16
24.17	1998 SERIES BOND INTEREST INCOME	8072	24.17
24.18	NET ASSETS RELEASED FROM RESTRICT	242431	24.18
24.19	MISCELLANEOUS		24.19
24.20	UNREALIZED GAIN OF INVESTMENT		24.20
24.21	OTHER REVENUE - INTERCOMPANY	1960	24.21
24.22	DISASTER PREPAREDNESS REVENUE	10521	24.22
24.23	NEUROTRAUMA DAY REVENUE	66	24.23
24.24	AP DISCOUNTS	9140	24.24
25	TOTAL OTHER INCOME	17845140	25
26	TOTAL	27941216	26
27	INVESTMENT LOSS	29353681	27
28			28
29			29
30	TOTAL OTHER EXPENSES	29353681	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1412465	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7455

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	706972				125033	832005 5
6 SKILLED NURSING CARE	769506		72478			841984 6
7 PHYSICAL THERAPY	548654		49759			598413 7
8 OCCUPATIONAL THERAPY	226591		15664			242255 8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES	68649		3873			72522 10
11 HOME HEALTH AIDE	102077		15882			117959 11
12 SUPPLIES					140866	140866 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2422449		157656		265899	2846004 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7455

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		832005	-10483	821522	5
6 SKILLED NURSING CARE		841984		841984	6
7 PHYSICAL THERAPY		598413		598413	7
8 OCCUPATIONAL THERAPY		242255		242255	8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES		72522		72522	10
11 HOME HEALTH AIDE		117959		117959	11
12 SUPPLIES	-112624	28242		28242	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-112624	2733380	-10483	2722897	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7455

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	821522					821522	821522	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	841984					841984	363725	1205709 6
7 PHYSICAL THERAPY	598413					598413	258505	856918 7
8 OCCUPATIONAL THERAPY	242255					242255	104650	346905 8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES	72522					72522	31328	103850 10
11 HOME HEALTH AIDE	117959					117959	50956	168915 11
12 SUPPLIES	28242					28242	12358	40600 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2722897					2722897		2722897 24

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/27/2009 08:24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7455

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-821522	1901741	5
6 SKILLED NURSING CARE						841984	6
7 PHYSICAL THERAPY						598413	7
8 OCCUPATIONAL THERAPY						242255	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						72522	10
11 HOME HEALTH AIDE						117959	11
12 SUPPLIES					366	28608	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-821156	1901741	24
25 COST TO BE ALLOC (PER W/S H)						821522	25
26 UNIT COST MULTIPLIER						.431984	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7455

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		283488		283488			1
2 SKILLED NURSING CARE		1700026		1700026	125760	1825786	2
3 PHYSICAL THERAPY		1208800		1208800	89421	1298221	3
4 OCCUPATIONAL THERAPY		490795		490795	36307	527102	4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		147187		147187	10888	158075	6
7 HOME HEALTH AIDE		236329		236329	17482	253811	7
8 SUPPLIES		49077		49077	3630	52707	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		4115702		4115702	283488	4115702	20
21 UNIT COST MULTIPLIER					.073975		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7455

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 SQUARE FEET	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			472	472	706972		215281	472	1
2 SKILLED NURSING CARE					769506		1410598		2
3 PHYSICAL THERAPY					548654		1003004		3
4 OCCUPATIONAL THERAPY					226591		407238		4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES					68649		122129		6
7 HOME HEALTH AIDE					102077		196094		7
8 SUPPLIES							40600		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			472	472	2422449		3394944	472	20
21 TOTAL COST TO BE ALLOCATED			10778	16263	645006		696575	7675	21
22 UNIT COST MULTIPLIER			22.834746		.266262		.205180		22
22 UNIT COST MULTIPLIER				34.455508				16.260593	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7455

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE & PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	472		472						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								1411	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	472		472					1411	20
21 TOTAL COST TO BE ALLOCATED	8705		7656					147	21
22 UNIT COST MULTIPLIER	18.442797		16.220339						22
22 UNIT COST MULTIPLIER								.104181	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7455

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	1825786		1825786	13804	132.26	1
2	PHYSICAL THERAPY	3	1298221		1298221	10643	121.98	2
3	OCCUPATIONAL THERAPY	4	527102		527102	3732	141.24	3
4	SPEECH PATHOLOGY	5				836		4
5	MEDICAL SOCIAL SERV	6	158075		158075			5
6	HOME HEALTH AIDE SERV	7	253811		253811	3822	66.41	6
7	TOTAL		4062995		4062995	32837		7

  

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

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	52707		52707	127573	.413152	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

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





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7455

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				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				6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS			3495	9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1		SERVICES 2		
10 TOTAL REASONABLE COST			-3495		10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2508579		1487867		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	22481		30589		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	44260		28076		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	8935		17586		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	5008		14540		10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			618		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	2589263		1575781		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	2589263		1575781		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	2589263		1575781		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2589263		1575781		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	2589263		1575781		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	2589263		1575781		24
25 TOTAL INTERIM PAYMENTS	2589262		1575782		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM	1		-1		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.: 14-7455

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		2589262		1575782
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				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
	TO .05			3.50
	PROGRAM .50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2589262		1575782
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1		6.01
	PROVIDER TO .02			-1
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2589263		1575781

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
31	SUBPROVIDER I				31
31.01	INPATIENT PSYCHIATRY SUBPROVIDE				31.01
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
42	RADIOLOGY-THERAPEUTIC				42
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
55	MEDICAL SUPPLIES CHARGED TO PAT				55
55.30	IMPL. DEV. CHARGED TO PATIENT				55.30
56	DRUGS CHARGED TO PATIENTS				56
59	CARDIAC REHABILITATION				59
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.03	ANTICOAGULATION CLINIC				60.03
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96
98.01	OCCUPATIONAL HEALTH				98.01
98.02	FLIGHT FOR LIFE				98.02
98.03	HOME HEALTH DME				98.03
98.04	WELLNESS PROGRAM				98.04
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	47.96		7.80				55.76 25
26 INTENSIVE CARE UNIT	56.59		5.99				62.58 26
33 NURSERY			38.39				38.39 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.90	14.53					29.43 37
39 DELIVERY ROOM & LABOR ROOM	0.09						0.09 39
40 ANESTHESIOLOGY	17.40	8.86					26.26 40
41 RADIOLOGY-DIAGNOSTIC	16.77	14.93					31.70 41
42 RADIOLOGY-THERAPEUTIC	3.03	42.43					45.46 42
44 LABORATORY	28.95	1.61					30.56 44
49 RESPIRATORY THERAPY	51.07	4.91					55.98 49
50 PHYSICAL THERAPY	14.55	0.15					14.70 50
55 MEDICAL SUPPLIES CHARGED TO PAT	36.00	9.62					45.62 55
56 DRUGS CHARGED TO PATIENTS	32.85	13.49					46.34 56
59 CARDIAC REHABILITATION	29.79	14.53					44.32 59
60 CLINIC	0.81	39.11					39.92 60
61 EMERGENCY	18.27	8.26					26.53 61
62 OBSERVATION BEDS (NON-DISTINCT		22.22					22.22 62
101 TOTAL CHARGES	20.05	10.73					30.78 101

\*\*\*\*\* 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	72.95		1.78				74.73 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08 41
42 RADIOLOGY-THERAPEUTIC	0.03						0.03 42
44 LABORATORY	0.66						0.66 44
49 RESPIRATORY THERAPY	0.66						0.66 49
50 PHYSICAL THERAPY	14.56						14.56 50
55 MEDICAL SUPPLIES CHARGED TO PAT	0.19						0.19 55
56 DRUGS CHARGED TO PATIENTS	0.96						0.96 56
59 CARDIAC REHABILITATION	0.03						0.03 59
101 TOTAL CHARGES	0.62						0.62 101

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	5885471	3.28	-5885471	-7.30		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8880758	4.94	-8880758	-11.01		4
5	EMPLOYEE BENEFITS	18530042	10.32	-18530042	-22.97		5
6	ADMINISTRATIVE & GENERAL	29580151	16.47	-29580151	-36.67		6
7	MAINTENANCE & REPAIRS	3019870	1.68	-3019870	-3.74		7
8	OPERATION OF PLANT	1595896	.89	-1595896	-1.98		8
9	LAUNDRY & LINEN SERVICE	685769	.38	-685769	-.85		9
10	HOUSEKEEPING	2216578	1.23	-2216578	-2.75		10
11	DIETARY	2208067	1.23	-2208067	-2.74		11
12	CAFETERIA	204183	.11	-204183	-.25		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1815646	1.01	-1815646	-2.25		14
15	CENTRAL SERVICES & SUPPLY	1181561	.66	-1181561	-1.46		15
16	PHARMACY	3100944	1.73	-3100944	-3.84		16
17	MEDICAL RECORDS & LIBRARY	1765201	.98	-1765201	-2.19		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	18244780	10.16	20186336	25.02	38431116	21.40
26	INTENSIVE CARE UNIT	5512811	3.07	4757632	5.90	10270443	5.72
31	SUBPROVIDER I	1254221	.70	1785451	2.21	3039672	1.69
31.01	INPATIENT PSYCHIATRY SUBPROVIDE						31.01
33	NURSERY	1410619	.79	1736895	2.15	3147514	1.75
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10720348	5.97	11224905	13.91	21945253	12.22
39	DELIVERY ROOM & LABOR ROOM	773401	.43	1052031	1.30	1825432	1.02
40	ANESTHESIOLOGY	400890	.22	271483	.34	672373	.37
41	RADIOLOGY-DIAGNOSTIC	11171326	6.22	9573846	11.87	20745172	11.55
42	RADIOLOGY-THERAPEUTIC	2261294	1.26	2555262	3.17	4816556	2.68
44	LABORATORY	6309916	3.51	2746670	3.40	9056586	5.04
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1451311	.81	1093445	1.36	2544756	1.42
50	PHYSICAL THERAPY	5219205	2.91	3589301	4.45	8808506	4.90
55	MEDICAL SUPPLIES CHARGED TO PAT	16238151	9.04	5340779	6.62	21578930	12.01
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS	8385961	4.67	6894747	8.55	15280708	8.51
59	CARDIAC REHABILITATION	1527275	.85	1035173	1.28	2562448	1.43
60	CLINIC	435209	.24	523377	.65	958586	.53
60.03	ANTICOAGULATION CLINIC						60.03
61	EMERGENCY	4720827	2.63	4189713	5.19	8910540	4.96

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	2722897	1.52	1392805	1.73	4115702	2.29	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	487		294623	.37	295110	.16	96
98.01 OCCUPATIONAL HEALTH	189290	.11	425653	.53	614943	.34	98.01
98.02 FLIGHT FOR LIFE	-7260				-7260		98.02
98.03 HOME HEALTH DME	50		10		60		98.03
98.04 WELLNESS PROGRAM							98.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	179613146	100.00	0	.00	179613146	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	3233339	74239281	.043553	11060958	481738	37
39 DELIVERY ROOM & LABOR ROOM	303115	1969830	.153879	1764	271	39
40 ANESTHESIOLOGY	58115	6401495	.009078	1113773	10111	40
41 RADIOLOGY-DIAGNOSTIC	3471567	134594860	.025793	22573962	582250	41
42 RADIOLOGY-THERAPEUTIC	773914	20073974	.038553	608919	23476	42
44 LABORATORY	362781	79861455	.004543	23119449	105032	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	241603	9148447	.026409	4672225	123389	49
50 PHYSICAL THERAPY	1058408	14385186	.073576	2093204	154010	50
55 MEDICAL SUPPLIES CHARGED TO PAT	738733	52059675	.014190	18743049	265964	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	844651	70164781	.012038	23049812	277474	56
59 CARDIAC REHABILITATION	237416	12505678	.018985	3725199	70723	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	235404	1004404	.234372	8109	1901	60
60.03 ANTICOAGULATION CLINIC						60.03
61 EMERGENCY	715055	23840516	.029993	4354860	130615	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	379060	5472699	.069264			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	12653161	505722281		115125283	2226954	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	3898683		3898683	41490	93.97	19898	1869815 25
26	INTENSIVE CARE UNIT	768944		768944	5508	139.60	3117	435133 26
101	TOTAL	4667627		4667627			23015	2304948 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2304948	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2226954	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4531902	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							4930	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							23015	
PER DISCHARGE CAPITAL COSTS							919.25	
PER DIEM CAPITAL COSTS							196.91	

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)	47115628
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	150874310
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.312

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))	3785366
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	6288631
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.602

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)	4531902
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.030

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	15109873
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	61566066
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.245