

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | TITLE XVIII | | TITLE XIX |
|------|------------------------------------|-------------|--------|-----------|
| | | PART A | PART B | |
| 1 | HOSPITAL | 2 | 3 | 4 |
| 2 | SUBPROVIDER I | -464876 | 424352 | 1 |
| 2.01 | SUBPROVIDER II | 96863 | 279 | 2 |
| 3 | SWING BED - SNF | -46121 | 1 | 2.01 |
| 3 | SWING BED - NF | | | 3 |
| 4 | SKILLED NURSING FACILITY | | | 4 |
| 5 | NURSING FACILITY | | | 5 |
| 6 | HOME HEALTH AGENCY | | | 6 |
| 7 | OUTPATIENT REHABILITATION PROVIDER | | | 7 |
| 8 | HEALTH CLINIC | | | 8 |
| 9 | TOTAL | -414134 | 424632 | 9 |
| 100 | | | | 100 |

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

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

CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

| | | | | |
|--|---|------|----|-------|
| 25 | IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? | YES | | 25 |
| 25.01 | IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? | YES | | 25.01 |
| 25.02 | IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. | YES | | 25.02 |
| 25.03 | AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. | NO | | 25.03 |
| 25.04 | ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 | NO | | 25.04 |
| 25.05 | HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | NO | NO | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | NO | NO | 25.06 |
| 26 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | 26 |
| 26.01 | ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: | | | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. | | | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING: | | | 26.04 |
| 27 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. | NO | | 27 |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. | YES | | 28 |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st | | | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. | | | 28.02 |
| <p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p> | | | | |
| 28.03 | STAFFING | 0.00 | NO | 28.03 |
| 28.04 | RECRUITMENT | 0.00 | NO | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES | 0.00 | NO | 28.05 |
| 28.06 | TRAINING | 0.00 | NO | 28.06 |
| 28.07 | OTHER (SPECIFY) | | NO | 28.07 |
| 29 | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | NO | | 29 |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff. | NO | | 30 |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70. | | | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? | | | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000) | | | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II. | | | 30.04 |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | NO | | 31 |
| 31.01 | IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | NO | | 31.01 |
| 31.02 | IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | NO | | 31.02 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC | |
|-------|--|-----------------------|---------------------------------|----------------------|-----------------------|-------|
| | 1 | 2 | 3 | 4 | 5 | |
| 47 | HOSPITAL | N | N | N | N | 47 |
| 48 | SUBPROVIDER I | N | N | N | N | 48 |
| 48.01 | SUBPROVIDER II | N | N | N | N | 48.01 |
| 49 | SKILLED NURSING FACILITY | N | N | | | 49 |
| 50 | HOME HEALTH AGENCY | N | N | | | 50 |
| 52 | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? | | | | | 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. | | | | | 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 |
| 53.01 | MDH PERIOD: | BEGINNING: | | ENDING: | | 53.01 |
| 54 | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: | | | | | 54 |
| | PREMIUMS: 5411750 | PAID LOSSES: 25898676 | AND/OR SELF INSURANCE: -6269000 | | | |
| 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. | | | | | 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. | | | | | 55 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

| | | DATE | Y/N | LIMIT | Y/N | FEES |
|-----------------|---|--------|----------|-------|----------------|--------------|
| | | 0 | 1 | 2 | 3 | 4 |
| 56 | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | / / | NO | 0.00 | NO | 56 |
| 57 | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | YES | | | 57 |
| 58 | ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | YES | | | 58 |
| 58.01 | IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) | | YES | NO | | 58.01 |
| 59 | ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | NO | | | 59 |
| 60 | ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | YES | | | 60 |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) | | YES | NO | | 60.01 |
| MULTICAMPUS | | | | | | |
| 61 | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5. | | YES | | | 61 |
| | COUNTY: | STATE: | ZIP CODE | CBSA | FTE/ CAMPUS | |
| | 1 | 2 | 3 | 4 | 5 | |
| 62 | NAME: EVANSTON HOSPITAL | COOK | IL | 60201 | 16974 | 2214.00 62 |
| 62.01 | NAME: GLENBROOK HO | COOK | IL | 60026 | 16974 | 817.00 62.01 |
| 62.02 | NAME: HIGHLAND PAR | LAKE | IL | 60035 | 29404 | 844.00 62.02 |
| SETTLEMENT DATA | | | | | | |
| 63 | WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) | | NO | | | 63 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH PATIENT HOURS 2.01 | -----I/P DAYS / O/P VISITS / TRIPS----- | | | | | OBS. BEDS ADMITTED 5.01 |
|--|---------------------|----------------------------|---------------------------------|---|---------------------|------------------------------------|-------------------|-------|----------------------------------|
| | | | | TITLE V 3 | TITLE XVIII 4 | LTCH NONCOVERED DAYS 4.01 | TITLE XIX 5 | | |
| 1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS | 429 | 156585 | | | 55149 | | 9144 | 1 | |
| 2 HMO | | | | | 1467 | | | 2 | |
| 3 HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | | | | 3 | |
| 4 HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | | | | 4 | |
| 5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | 429 | 156585 | | | 55149 | | 9144 | 5 | |
| 6 INTENSIVE CARE UNIT | 38 | 13870 | | | 5401 | | 511 | 6 | |
| 7 CORONARY CARE UNIT | 30 | 10950 | | | 5147 | | 686 | 7 | |
| 7.01 INTENSIVE CARE UNIT - GB | 17 | 6205 | | | 2726 | | 147 | 7.01 | |
| 7.02 ISCU | 44 | 16060 | | | | | 4965 | 7.02 | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | | 8 | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 9 | |
| 10 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 10 | |
| 11 NURSERY | | | | | | | 1607 | 11 | |
| 12 TOTAL HOSPITAL | 558 | 203670 | | | 68423 | | 17060 | 12 | |
| 13 RPCH VISITS | | | | | | | | 13 | |
| 14 SUBPROVIDER I | 30 | 10950 | | | 1787 | | 763 | 14 | |
| 14.01 SUBPROVIDER 2 - REHAB | 17 | 6205 | | | 3306 | | 402 | 14.01 | |
| 15 SKILLED NURSING FACILITY | | | | | | | | 15 | |
| 16 NURSING FACILITY | | | | | | | | 16 | |
| 17 OTHER LONG TERM CARE | | | | | | | | 17 | |
| 18 HOME HEALTH AGENCY | | | | | 30610 | | | 18 | |
| 20 ASC (DISTINCT PART) | | | | | | | | 20 | |
| 21 HOSPICE (DISTINCT PART) | | | | | | | | 21 | |
| 23 O/P REHAB PROVIDER | | | | | | | | 23 | |
| 24 RHC I | | | | | | | | 24 | |
| 25 TOTAL | 605 | | | | | | | 25 | |
| 26 OBSERVATION BED DAYS | | | | | | | 955 | 26 | |
| 26.02 OBSERVATION BED DAYS-Sub II | | | | | | | | 26.02 | |
| 27 AMBULANCE TRIPS | | | | | | | | 27 | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | | 28 | |
| 29 LABOR & DELIVERY DAYS | | | | | | | 142 | 29 | |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

| COMPONENT | -----I/P DAYS / O/P VISITS / TRIPS----- | | | | ---INTERNS & RES FTES--- | | | --FULL TIME EQUIV-- | |
|---|---|-----------------------|------------------|----------------------|--------------------------|-----------|--------|-------------------------|--------------------|
| | OBS. | | OBS. | | LESS I&R | | | EMPLOYEES ON PAYROLL | NONPAID WORKERS |
| | BEDS NOT ADMITTED | TOTAL ALL PATIENTS | BEDS ADMITTED | BEDS NOT ADMITTED | TOTAL | PHYS ANES | NET | | |
| 5.02 | 6 | 6.01 | 6.02 | 7 | 8 | 9 | 10 | 11 | |
| 1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 110186 | | | | | | | 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 | | 110186 | | | | | | | 5 |
| 6 INTENSIVE CARE UNIT | | 9074 | | | | | | | 6 |
| 7 CORONARY CARE UNIT | | 7842 | | | | | | | 7 |
| 7.01 INTENSIVE CARE UNIT - GB | | 3935 | | | | | | | 7.01 |
| 7.02 ISCU | | 12293 | | | | | | | 7.02 |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | | | 8 |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | | | 9 |
| 10 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | | 10 |
| 11 NURSERY | | 10530 | | | | | | | 11 |
| 12 TOTAL HOSPITAL | | 153860 | | | 158.78 | | 158.78 | 4650.00 | 12 |
| 13 RPCH VISITS | | | | | | | | | 13 |
| 14 SUBPROVIDER I | | 8518 | | | 3.15 | | 3.15 | 58.00 | 14 |
| 14.01 SUBPROVIDER 2 - REHAB | | 5202 | | | | | | 27.00 | 14.01 |
| 15 SKILLED NURSING FACILITY | | | | | | | | | 15 |
| 16 NURSING FACILITY | | | | | | | | | 16 |
| 17 OTHER LONG TERM CARE | | | | | | | | | 17 |
| 18 HOME HEALTH AGENCY | | 30610 | | | | | | 84.00 | 18 |
| 20 ASC (DISTINCT PART) | | | | | | | | | 20 |
| 21 HOSPICE (DISTINCT PART) | | | | | | | | 25.00 | 21 |
| 23 O/P REHAB PROVIDER | | | | | | | | | 23 |
| 24 RHC I | | | | | | | | | 24 |
| 25 TOTAL | | | | | 161.93 | | 161.93 | 4844.00 | 25 |
| 26 OBSERVATION BED DAYS | | 13920 | | | | | | | 26 |
| 26.02 OBSERVATION BED DAYS-Sub II | | 1 | | | | | | | 26.02 |
| 27 AMBULANCE TRIPS | | | | | | | | | 27 |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | | | 28 |
| 29 LABOR & DELIVERY DAYS | | 507 | | | | | | | 29 |

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 | 14498 | 2785 | 32221 | 1 | |
| 2 | HMO XIX | | | | 2 | |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | 3 | |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | 4 | |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | 5 | |
| 6 | INTENSIVE CARE UNIT | | | | 6 | |
| 7 | CORONARY CARE UNIT | | | | 7 | |
| 7.01 | INTENSIVE CARE UNIT - GB | | | | 7.01 | |
| 7.02 | ISCU | | | | 7.02 | |
| 8 | BURN INTENSIVE CARE UNIT | | | | 8 | |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | 9 | |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | 10 | |
| 11 | NURSERY | | | | 11 | |
| 12 | TOTAL HOSPITAL | 14498 | 2785 | 32221 | 12 | |
| 13 | RPCH VISITS | | | | 13 | |
| 14 | SUBPROVIDER I | 197 | 122 | 1259 | 14 | |
| 14.01 | SUBPROVIDER 2 - REHAB | 260 | 27 | 423 | 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 | |
| 26.02 | OBSERVATION BED DAYS-Sub II | | | | 26.02 | |
| 27 | AMBULANCE TRIPS | | | | 27 | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | 28 | |
| 29 | LABOR & DELIVERY DAYS | | | | 29 | |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

| PART II - WAGE DATA | AMOUNT REPORTED | RECLASS. | ADJUSTED | PAID HOURS | AVERAGE | DATA SOURCE | |
|--|--------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------------|----------------|-------|
| | | OF SALARIES FROM WKST. A-6 | SALARIES (COL.1 + COL.2) | RELATED TO SALARY IN COL.3 | HOURLY WAGE (COL.3 / COL.4) | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 SALARIES | | | | | | | |
| 1 TOTAL SALARIES | 369285144 | | 369285144 | 10075722.00 | 36.65 | | 1 |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | | 3 |
| 4 PHYSICIAN - PART A | 10794247 | | 10794247 | 63314.00 | 170.49 | | 4 |
| 4.01 TEACHING PHYSICIAN SALARIES | 8406768 | | 8406768 | 57910.00 | 145.17 | | 4.01 |
| 5 PHYSICIAN - PART B | 5346581 | | 5346581 | 117123.00 | 45.65 | | 5 |
| 5.01 NON-PHYSICIAN - PART B | | | | | | | 5.01 |
| 6 INTERNS & RESIDENTS (IN APPR PGM) | | | | | | | 6 |
| 6.01 CONTRACT SERVICES, I&R | 11873528 | | 11873528 | 337064.00 | 35.23 | | 6.01 |
| 7 HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 SNF | | | | | | | 8 |
| 8.01 EXCLUDED AREA SALARIES | 21211086 | -1899193 | 19311893 | 580494.00 | 33.27 | | 8.01 |
| 9 OTHER WAGES & RELATED COSTS | | | | | | | 9 |
| 9 CONTRACT LABOR | 13077479 | | 13077479 | 372117.00 | 35.14 | | 9 |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | | 9.01 |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | | 9.02 |
| 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES' | 8637111 | | 8637111 | 139444.00 | 61.94 | | 9.03 |
| 10 CONTRACT LABOR: PHYSICIAN PART A | | | | | | | 10 |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 HOME OFFICE SALARIES & WAGE REL COSTS | | | | | | | 11 |
| 12 HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| 13 WAGE-RELATED COSTS | | | | | | | |
| 13 WAGE RELATED COSTS (CORE) | 78529272 | | 78529272 | | | CMS 339 | 13 |
| 14 WAGE RELATED COSTS (OTHER) | 3145996 | | 3145996 | | | CMS 339 | 14 |
| 15 EXCLUDED AREAS | 4703637 | | 4703637 | | | CMS 339 | 15 |
| 16 NON-PHYSICIAN ANESTHETIST PART A | | | | | | CMS 339 | 16 |
| 17 NON-PHYSICIAN ANESTHETIST PART B | | | | | | CMS 339 | 17 |
| 18 PHYSICIAN PART A | 2629065 | | 2629065 | | | CMS 339 | 18 |
| 18.01 PART A TEACHING PHYSICIANS | 2047566 | | 2047566 | | | CMS 339 | 18.01 |
| 19 PHYSICIAN PART B | 1302222 | | 1302222 | | | CMS 339 | 19 |
| 19.01 WAGE RELATED COSTS (RHC/FQHC) | | | | | | | 19.01 |
| 20 INTERNS & RESIDENTS (IN APPR PGM) | | | | | | CMS 339 | 20 |
| 21 OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 EMPLOYEE BENEFITS | 6312919 | | 6312919 | 158521.00 | 39.82 | | 21 |
| 22 ADMINISTRATIVE & GENERAL | 82124695 | -12765902 | 69358793 | 1267614.00 | 54.72 | | 22 |
| 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT | 30592681 | | 30592681 | 833526.00 | 36.70 | | 22.01 |
| 23 MAINTENANCE & REPAIRS | | | | | | | 23 |
| 24 OPERATION OF PLANT | 299308 | | 299308 | 7403.00 | 40.43 | | 24 |
| 25 LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 HOUSEKEEPING | | | | | | | 26 |
| 26.01 HOUSEKEEPING UNDER CONTRACT | 7840968 | | 7840968 | 446890.00 | 17.55 | | 26.01 |
| 27 DIETARY | 207067 | | 207067 | 6259.00 | 33.08 | | 27 |
| 27.01 DIETARY UNDER CONTRACT | 6023947 | | 6023947 | 320660.00 | 18.79 | | 27.01 |
| 28 CAFETERIA | | | | | | | 28 |
| 29 MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 NURSING ADMINISTRATION | 7839375 | | 7839375 | 227305.00 | 34.49 | | 30 |
| 31 CENTRAL SERVICES AND SUPPLY | 2914165 | | 2914165 | 169276.00 | 17.22 | | 31 |
| 32 PHARMACY | 11648912 | -144336 | 11504576 | 309089.00 | 37.22 | | 32 |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR | 3841467 | | 3841467 | 159808.00 | 24.04 | | 33 |
| 34 SOCIAL SERVICE | 2220611 | | 2220611 | 66288.00 | 33.50 | | 34 |
| 35 OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

| PART III - HOSPITAL WAGE INDEX SUMMARY | AMOUNT REPORTED | RECLASS. | ADJUSTED | PAID HOURS | AVERAGE | |
|---|--------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------------|----|
| | | OF SALARIES FROM WKST. A-6 | SALARIES (COL.1 + COL.2) | RELATED TO SALARY IN COL.3 | HOURLY WAGE (COL.3 / COL.4) | |
| | 1 | 2 | 3 | 4 | 5 | |
| 1 NET SALARIES | 388115863 | | 388115863 | 11164701.00 | 34.76 | 1 |
| 2 EXCLUDED AREA SALARIES | 21211086 | -1899193 | 19311893 | 580494.00 | 33.27 | 2 |
| 3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 366904777 | 1899193 | 368803970 | 10584207.00 | 34.84 | 3 |
| 4 SUBTOTAL OTHER WAGES & REL COSTS | 21714590 | | 21714590 | 511561.00 | 42.45 | 4 |
| 5 SUBTOTAL WAGE-RELATED COSTS | 84304333 | | 84304333 | | 22.86% | 5 |
| 6 TOTAL (SUM OF LINES 3 THRU 5) | 472923700 | 1899193 | 474822893 | 11095768.00 | 42.79 | 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 | 161866115 | -12910238 | 148955877 | 3972639.00 | 37.50 | 13 |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7001

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

| DESCRIPTION | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 | TOTAL 5 | |
|-----------------------------|--------------|------------------|----------------|------------|------------|---|
| 1 HOME HEALTH AIDE HOURS | | 4243 | | | 4243 | 1 |
| 2 UNDUPLICATED CENSUS COUNT | | 2395.00 | | | 2395.00 | 2 |

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

| ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00 | STAFF 1 | CONTRACT 2 | TOTAL 3 | |
|--|------------|---------------|------------|-------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | | 3 |
| 4 DIRECTORS AND ASSISTANT DIRECTOR(S) | | | | 4 |
| 5 OTHER ADMINISTRATIVE PERSONNEL | 6.09 | | 6.09 | 5 |
| 6 DIRECT NURSING SERVICE | | | | 6 |
| 7 NURSING SUPERVISOR | | | | 7 |
| 8 PHYSICAL THERAPY SERVICE | 15.34 | | 15.34 | 8 |
| 9 PHYSICAL THERAPY SUPERVISOR | | | | 9 |
| 10 OCCUPATIONAL THERAPY SERVICE | 1.04 | | 1.04 | 10 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | | 11 |
| 12 SPEECH PATHOLOGY SERVICE | | | | 12 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | | 13 |
| 14 MEDICAL SOCIAL SERVICE | 1.00 | | 1.00 | 14 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | | 15 |
| 16 HOME HEALTH AIDE | 2.04 | | 2.04 | 16 |
| 17 HOME HEALTH AIDE SUPERVISOR | | | | 17 |
| 18 REGISTERED NURSE | 30.53 | | 30.53 | 18 |
| 18.01 DME TECHNICIAN | .99 | | .99 | 18.01 |
| 18.02 SPEECH THERAPY | .77 | | .77 | 18.02 |

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7001

WORKSHEET S-4
 (CONTINUED)

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

| | FULL EPISODES | | | | SCIC WITHIN A PEP 5 | SCIC ONLY EPISODES 6 | TOTAL 7 | |
|----|--------------------------------------|-----------------------|-----------------------|---------------------------|------------------------------|----------------------------|------------|----|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | LUPA EPISODES 3 | PEP ONLY EPISODES 4 | | | | |
| 21 | SKILLED NURSING VISITS | 12857 | 68 | 1315 | 382 | | 14622 | 21 |
| 22 | SKILLED NURSING VISIT CHARGES | 2442830 | 12920 | 249850 | 74480 | | 2780080 | 22 |
| 23 | PHYSICAL THERAPY VISITS | 12868 | 4 | 410 | 307 | | 13589 | 23 |
| 24 | PHYSICAL THERAPY VISIT CHARGES | 2444920 | 760 | 77900 | 58330 | | 2581910 | 24 |
| 25 | OCCUPATIONAL THERAPY VISITS | 1022 | | 11 | 17 | | 1050 | 25 |
| 26 | OCCUPATIONAL THERAPY VISIT CHARGES | 194180 | | 2090 | 3230 | | 199500 | 26 |
| 27 | SPEECH PATHOLOGY VISITS | 405 | | 8 | 10 | | 423 | 27 |
| 28 | SPEECH PATHOLOGY VISIT CHARGES | 76950 | | 1520 | 1900 | | 80370 | 28 |
| 29 | MEDICAL SOCIAL SERVICE VISITS | 179 | | 10 | 3 | | 192 | 29 |
| 30 | MEDICAL SOCIAL SERVICE VISIT CHARGES | 40991 | | 2290 | 687 | | 43968 | 30 |
| 31 | HOME HEALTH AIDE VISITS | 713 | | 5 | 16 | | 734 | 31 |
| 32 | HOME HEALTH AIDE VISIT CHARGES | 85560 | | 600 | 1920 | | 88080 | 32 |
| 33 | TOTAL VISITS | 28044 | 72 | 1759 | 735 | | 30610 | 33 |
| 34 | OTHER CHARGES | | | | | | | 34 |
| 35 | TOTAL CHARGES | 5285431 | 13680 | 334250 | 140547 | | 5773908 | 35 |
| 36 | TOTAL NUMBER OF EPISODES | 2190 | | 663 | 71 | | 2924 | 36 |
| 37 | TOTAL NUMBER OF OUTLIER EPISODES | | 2 | | | | 2 | 37 |
| 38 | TOTAL MEDICAL SUPPLY CHARGES | 40669 | 427 | 6462 | 1275 | | 48833 | 38 |

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2300

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

| | ---- OUTPATIENT --- | | ---- TRAINING ---- | | ----- HOME ----- | | |
|---|---------------------|----------------|------------------------|-------------------|------------------------|-------------------|-------|
| | REGULAR 1 | HIGH FLUX 2 | HEMO- DIALYSIS 3 | CAPD CCPD 4 | HEMO- DIALYSIS 5 | CAPD CCPD 6 | |
| 1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD | 192 | | | | | 16 | 1 |
| 2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS | 3.00 | | | | | | 2 |
| 3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP | 3.50 | | | | | | 3 |
| 4 CAPD EXCHANGES PER DAY | | | | | | | 4 |
| 5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED | 317 | | | | | | 5 |
| 6 NUMBER OF STATIONS | 20 | | | | | | 6 |
| 7 TREATMENT CAPACITY PER DAY PER STATION | 3 | | | | | | 7 |
| 8 UTILIZATION | 78.00 | | | | | | 8 |
| 9 AVERAGE TIMES DIALYZERS RE-USED | | | | | | | 9 |
| 10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS | | | | | | | 10 |
| TRANSPLANT INFORMATION | | | | | | | |
| 11 NUMBER OF PATIENTS ON TRANSPLANT LIST | | | | | | 16 | 11 |
| 12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD | | | | | | 7 | 12 |
| EPOIETIN | | | | | | | |
| 13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER | | | | | | 685243 | 13 |
| 13.01 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM | | | | | | | 13.01 |
| 14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT | | | | | | 52711 | 14 |
| 14.01 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT | | | | | | | 14.01 |
| PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE) | | | | | | | |
| 15 MCP X INITIAL METHOD | | | | | | | 15 |
| ARANESP | | | | | | | |
| 16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER | | | | | | 498311 | 16 |
| 17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM | | | | | | | 17 |
| 18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT | | | | | | 195416 | 18 |
| 19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT | | | | | | | 19 |

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

| GROUP | M3PI REVENUE CODE | SERVICES PRIOR TO JANUARY 1 | | SERVICES ON OR AFTER JANUARY 1 | | TOTAL |
|-------|-------------------------|--------------------------------|------|-----------------------------------|------|-------|
| | | RATE | DAYS | RATE | DAYS | |
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 5 |
| 1 | RVC/RUC | | | | | 1 |
| 2 | RVB/RUB | | | | | 2 |
| 3 | RVA/RUA | | | | | 3 |
| 3.01 | RUX | | | | | 3.01 |
| 3.02 | RUL | | | | | 3.02 |
| 4 | RHD/RVC | | | | | 4 |
| 5 | RHC/RVB | | | | | 5 |
| 6 | RHB/RVA | | | | | 6 |
| 6.01 | RVX | | | | | 6.01 |
| 6.02 | RVL | | | | | 6.02 |
| 7 | RHA/RHC | | | | | 7 |
| 8 | RMC/RHB | | | | | 8 |
| 9 | RMB/RHA | | | | | 9 |
| 9.01 | RHX | | | | | 9.01 |
| 9.02 | RHL | | | | | 9.02 |
| 10 | RMA/RMC | | | | | 10 |
| 11 | RLB/RMB | | | | | 11 |
| 12 | RLA/RMA | | | | | 12 |
| 12.01 | RMX | | | | | 12.01 |
| 12.02 | RML | | | | | 12.02 |
| 13 | SE3/RLB | | | | | 13 |
| 14 | SE2/RLA | | | | | 14 |
| 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 | AAA | | | | | 45 |
| 45.01 | ES3 | | | | | 45.01 |
| 45.02 | ES2 | | | | | 45.02 |
| 45.03 | ES1 | | | | | 45.03 |
| 45.04 | HE2 | | | | | 45.04 |
| 45.05 | HE1 | | | | | 45.05 |
| 45.06 | HD2 | | | | | 45.06 |
| 45.07 | HD1 | | | | | 45.07 |
| 45.08 | HC2 | | | | | 45.08 |
| 45.09 | HC1 | | | | | 45.09 |
| 45.10 | HB2 | | | | | 45.10 |
| 45.11 | HB1 | | | | | 45.11 |
| 45.12 | LE2 | | | | | 45.12 |
| 45.13 | LE1 | | | | | 45.13 |
| 45.14 | LD2 | | | | | 45.14 |
| 45.15 | LD1 | | | | | 45.15 |
| 45.16 | LC2 | | | | | 45.16 |
| 45.17 | LC1 | | | | | 45.17 |
| 45.18 | LB2 | | | | | 45.18 |
| 45.19 | LB1 | | | | | 45.19 |
| 45.20 | CE2 | | | | | 45.20 |
| 45.21 | CE1 | | | | | 45.21 |
| 45.22 | CD2 | | | | | 45.22 |
| 45.23 | CD1 | | | | | 45.23 |
| 46 | TOTAL | | | | | 46 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1522

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SKILLED NURSING FACILITY 3 | TITLE XIX NURSING FACILITY 4 | ALL OTHER 5 | TOTAL 6 | |
|--------------------------|------------------|----------------|--|---------------------------------------|-------------------|------------|---|
| 1 CONTINUOUS HOME CARE | | | | | | | 1 |
| 2 ROUTINE HOME CARE | 16134 | | | | | 16134 | 2 |
| 3 INPATIENT RESPITE CARE | 32 | | | | | 32 | 3 |
| 4 GENERAL INPATIENT CARE | 2102 | | | | | 2102 | 4 |
| 5 TOTAL HOSPICE DAYS | 18268 | | | | | 18268 | 5 |

PART II - CENSUS DATA

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SKILLED NURSING FACILITY 3 | TITLE XIX NURSING FACILITY 4 | ALL OTHER 5 | TOTAL 6 | |
|--|------------------|----------------|--|---------------------------------------|-------------------|------------|---|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 650 | | | | | 650 | 6 |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | 25575.00 | | | | | | 7 |
| 8 AVERAGE LENGTH OF STAY | 28.10 | | | | | 28.10 | 8 |
| 9 UNDUPLICATED CENSUS COUNT | | | | | | | 9 |

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

| | | | |
|-------|---|-----------|-------|
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | | 1 |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | | 2 |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | | 2.01 |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | | 2.02 |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | | 2.03 |
| 2.04 | OTHER METHODS OF WRITE-OFFS (SPECIFY) | | 2.04 |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | | 3 |
| 4 | ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | | 4 |
| 5 | ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY? | | 5 |
| 6 | ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA? | | 6 |
| 7 | ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA? | | 7 |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | | 8 |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | | 8.01 |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | | 9 |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | | 9.01 |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | | 9.02 |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | | 9.03 |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | | 9.04 |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF? | | 10 |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04 | | 11 |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | | 11.01 |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | | 11.02 |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | | 11.03 |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | | 11.04 |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | | 12 |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | | 13 |
| 14 | IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 | | 14 |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE? | | 14.01 |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | | 14.02 |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | | 15 |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | | 16 |
| 17 | REVENUE RELATED TO UNCOMPENSATED CARE | | 17 |
| 17.01 | GROSS MEDICAID REVENUES | 34505927 | 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 | 34505927 | 22 |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | | 23 |
| 24 | COST TO CHARGE RATIO | 0.315637 | 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 | 156394816 | 28 |
| 29 | TOTAL GROSS MEDICAID COST | 49363991 | 29 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS) | 78450254 | 30 |
| 31 | UNCOMPENSATED CARE COST | 24761803 | 31 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL | 49363991 | 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 | |
|-------------|-------|---------------|------------|------------|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|-------|
| 69.30 | 6930 | | | | | | | | 69.30 |
| 69.40 | 6940 | | | | | | | | 69.40 |
| 71 | 7100 | 5601456 | 4650936 | 10252392 | -142608 | 10109784 | | 10109784 | 71 |
| | | | | | | | | | |
| 85.01 | 8510 | | | | | | | | 85.01 |
| 85.02 | 8520 | | | | | | | | 85.02 |
| 85.03 | 8530 | | | | | | | | 85.03 |
| 88 | 8800 | | 9098328 | 9098328 | -9098328 | | | | 88 |
| 93 | 9300 | 1917848 | 2585000 | 4502848 | -54742 | 4448106 | | 4448106 | 93 |
| 95 | | 360786167 | 578118091 | 938904258 | 2542405 | 941446663 | -50532895 | 890913768 | 95 |
| | | | | | | | | | |
| 97 | 9700 | | | | | | 37579457 | 37579457 | 97 |
| 99.01 | 9901 | 8498977 | 29824334 | 38323311 | -2542405 | 35780906 | | 35780906 | 99.01 |
| 99.02 | 9902 | | | | | | | | 99.02 |
| 101 | TOTAL | 369285144 | 607942425 | 977227569 | | 977227569 | -12953438 | 964274131 | 101 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | SALARY | OTHER | |
|---------------------------------------|------|-------------------------------|--------|----------|-----------|----|
| | | COST CENTER | LINE # | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| 1 NURSERY | A | NURSERY | 33 | 3043065 | 1081115 | 1 |
| 2 COST OF GOODS SOLD | C | DRUGS CHARGED TO PATIENTS | 56 | | 76788606 | 2 |
| 3 DIETARY | D | CAFETERIA | 12 | | 68429 | 3 |
| 4 NURSING ADVERTISING | E | NURSING ADMINISTRATION | 14 | | 134132 | 4 |
| 5 IMPLANT DEVICE | G | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 42820251 | 5 |
| 6 PHARMACY RESIDENCY | H | PARAMED ED PRGM-PHARMACY RESI | 24 | 144336 | 20182 | 6 |
| 7 INTEREST EXPENSE | J | ADMINISTRATIVE & GENERAL | 6 | | 9098328 | 7 |
| 8 RECREATION THERAPY/NURSE | K | SUBPROVIDER 2 - REHAB | 31.01 | 38059 | | 8 |
| 9 PROVIDER-BASED CLINIC | M | CLINIC | 60 | 20722120 | 10954005 | 9 |
| 10 TEACHING COSTS FROM NON I&R T | N | I&R SERVICES-OTHER PRGM COSTS | 23 | 1950144 | 293884 | 10 |
| 11 TEACHING COSTS FROM NON I&R T | N | | | | | 11 |
| 12 TEACHING COSTS FROM NON I&R T | N | | | | | 12 |
| 13 TEACHING COSTS FROM NON I&R T | N | | | | | 13 |
| 14 TEACHING COSTS FROM NON I&R T | N | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | | | | | | 16 |
| 17 TEACHING COSTS FROM NON I&R T | N | | | | | 17 |
| 18 TEACHING COSTS FROM NON I&R T | N | | | | | 18 |
| 19 TEACHING COSTS FROM NON I&R T | N | | | | | 19 |
| 20 TEACHING COSTS FROM NON I&R T | N | | | | | 20 |
| 21 | | | | | | 21 |
| 22 TEACHING COSTS FROM NON I&R T | N | | | | | 22 |
| 23 | | | | | | 23 |
| 24 TEACHING COSTS FROM NON I&R T | N | | | | | 24 |
| 25 | | | | | | 25 |
| 26 MEDICAL TECHNOLOGY PRGM | P | PARAMED ED PRGM-MEDICAL TECH | 24.01 | 39261 | 27534 | 26 |
| 27 PHYSICIAN ADMIN COST | Q | ADMINISTRATIVE & GENERAL | 6 | 8024661 | 1209316 | 27 |
| 28 SCHOOL OF ANESTHESIA RECLASS | B | PARAMED ED PRGM-SCHOOL OF ANE | 24.02 | 420955 | 185040 | 28 |
| 29 | | | | | | 29 |
| 30 STIPEND RECLASS | T | | | | | 30 |
| 31 STIPEND RECLASS | T | | | | | 31 |
| 32 STIPEND RECLASS | T | LABORATORY | 44 | 2685804 | | 32 |
| 33 DIRECT CHARGED - SUPPLIES | U | MEDICAL SUPPLIES CHARGED TO P | 55 | | 63939642 | 33 |
| 34 | | | | | | 34 |
| 35 | | | | | | 35 |
| 36 SUBTOTAL | | | | 37068405 | 206620464 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. 10 |
|--|------|-------------------------------|----------|----------|-----------|------------------------|
| | | | LINE # | SALARY | OTHER | |
| | 1 | 6 | 7 | 8 | 9 | |
| 1 NURSERY | A | ADULTS & PEDIATRICS | 25 | 3043065 | 1081115 | 1 |
| 2 COST OF GOODS SOLD | C | PHARMACY | 16 | | 76788606 | 2 |
| 3 DIETARY | D | DIETARY | 11 | | 68429 | 3 |
| 4 NURSING ADVERTISING | E | EMPLOYEE BENEFITS | 5 | | 134132 | 4 |
| 5 IMPLANT DEVICE | G | MEDICAL SUPPLIES CHARGED TO P | 55 | | 42820251 | 5 |
| 6 PHARMACY RESIDENCY | H | PHARMACY | 16 | 144336 | 20182 | 6 |
| 7 INTEREST EXPENSE | J | INTEREST EXPENSE | 88 | | 9098328 | 7 |
| 8 RECREATION THERAPY/NURSE | K | PHYSICAL THERAPY | 50 | 38059 | | 8 |
| 9 PROVIDER-BASED CLINIC | M | ADMINISTRATIVE & GENERAL | 6 | 20722120 | 10954005 | 9 |
| 10 TEACHING COSTS FROM NON I&R T | N | | | | | 10 |
| 11 TEACHING COSTS FROM NON I&R T | N | RADIOISOTOPE | 43 | 58667 | 8841 | 11 |
| 12 TEACHING COSTS FROM NON I&R T | N | ADULTS & PEDIATRICS | 25 | 120217 | 18117 | 12 |
| 13 TEACHING COSTS FROM NON I&R T | N | RADIOLOGY-DIAGNOSTIC | 41 | 287417 | 43314 | 13 |
| 14 TEACHING COSTS FROM NON I&R T | N | RADIOLOGY-THERAPEUTIC | 42 | 115868 | 17461 | 14 |
| 15 | | | | | | 15 |
| 16 | | | | | | 16 |
| 17 TEACHING COSTS FROM NON I&R T | N | LABORATORY | 44 | 1218549 | 183632 | 17 |
| 18 TEACHING COSTS FROM NON I&R T | N | PHYSICAL THERAPY | 50 | 47575 | 7170 | 18 |
| 19 TEACHING COSTS FROM NON I&R T | N | ELECTROCARDIOLOGY | 53 | 5929 | 894 | 19 |
| 20 TEACHING COSTS FROM NON I&R T | N | ADOLESCENT DAY HOSP. | 61.03 | 23901 | 3602 | 20 |
| 21 | | | | | | 21 |
| 22 TEACHING COSTS FROM NON I&R T | N | EMERGENCY | 61 | 3578 | 539 | 22 |
| 23 | | | | | | 23 |
| 24 TEACHING COSTS FROM NON I&R T | N | ADMINISTRATIVE & GENERAL | 6 | 68443 | 10314 | 24 |
| 25 | | | | | | 25 |
| 26 MEDICAL TECHNOLOGY PRGM | P | LABORATORY | 44 | 39261 | 27534 | 26 |
| 27 PHYSICIAN ADMIN COST | Q | I&R SERVICES-OTHER PRGM COSTS | 23 | 8024661 | 1209316 | 27 |
| 28 SCHOOL OF ANESTHESIA RECLASS | B | I&R SERVICES-OTHER PRGM COSTS | 23 | 420955 | 185040 | 28 |
| 29 | | | | | | 29 |
| 30 STIPEND RECLASS | T | I&R SERVICES-OTHER PRGM COSTS | 23 | 144000 | | 30 |
| 31 STIPEND RECLASS | T | NON-ALLOWABLE COST | 99.01 | 2541804 | | 31 |
| 32 STIPEND RECLASS | T | | | | | 32 |
| 33 DIRECT CHARGED - SUPPLIES | U | | | | | 33 |
| 34 | | | | | | 34 |
| 35 | | | | | | 35 |
| 36 SUBTOTAL | | | | 37068405 | 142680822 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | SALARY | OTHER |
|---------------------------------------|------|-------------|--------|----------|--------------|
| | | COST CENTER | LINE # | | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 DIRECT CHARGED - SUPPLIES | U | | | | 3 |
| 4 DIRECT CHARGED - SUPPLIES | U | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 DIRECT CHARGED - SUPPLIES | U | | | | 7 |
| 8 DIRECT CHARGED - SUPPLIES | U | | | | 8 |
| 9 DIRECT CHARGED - SUPPLIES | U | | | | 9 |
| 10 DIRECT CHARGED - SUPPLIES | U | | | | 10 |
| 11 DIRECT CHARGED - SUPPLIES | U | | | | 11 |
| 12 DIRECT CHARGED - SUPPLIES | U | | | | 12 |
| 13 DIRECT CHARGED - SUPPLIES | U | | | | 13 |
| 14 DIRECT CHARGED - SUPPLIES | U | | | | 14 |
| 15 DIRECT CHARGED - SUPPLIES | U | | | | 15 |
| 16 DIRECT CHARGED - SUPPLIES | U | | | | 16 |
| 17 DIRECT CHARGED - SUPPLIES | U | | | | 17 |
| 18 DIRECT CHARGED - SUPPLIES | U | | | | 18 |
| 19 DIRECT CHARGED - SUPPLIES | U | | | | 19 |
| 20 DIRECT CHARGED - SUPPLIES | U | | | | 20 |
| 21 DIRECT CHARGED - SUPPLIES | U | | | | 21 |
| 22 | | | | | 22 |
| 23 DIRECT CHARGED - SUPPLIES | U | | | | 23 |
| 24 DIRECT CHARGED - SUPPLIES | U | | | | 24 |
| 25 DIRECT CHARGED - SUPPLIES | U | | | | 25 |
| 26 DIRECT CHARGED - SUPPLIES | U | | | | 26 |
| 27 DIRECT CHARGED - SUPPLIES | U | | | | 27 |
| 28 | | | | | 28 |
| 29 DIRECT CHARGED - SUPPLIES | U | | | | 29 |
| 30 DIRECT CHARGED - SUPPLIES | U | | | | 30 |
| 31 DIRECT CHARGED - SUPPLIES | U | | | | 31 |
| 32 DIRECT CHARGED - SUPPLIES | U | | | | 32 |
| 33 DIRECT CHARGED - SUPPLIES | U | | | | 33 |
| 34 DIRECT CHARGED - SUPPLIES | U | | | | 34 |
| 35 DIRECT CHARGED - SUPPLIES | U | | | | 35 |
| 36 SUBTOTAL | | | | 37068405 | 206620464 36 |

RECLASSIFICATIONS

| 1 | EXPLANATION OF RECLASSIFICATION ENTRY | CODE 1 | ----- COST CENTER 6 | DECREASE | | | WKST A-7 REF. 10 | |
|----|--|-----------|-------------------------------|-------------|-------------|------------|------------------------|----|
| | | | | LINE # 7 | SALARY 8 | OTHER 9 | | |
| 1 | | | | | | | 1 | |
| 2 | | | | | | | 2 | |
| 3 | DIRECT CHARGED - SUPPLIES | U | CENTRAL SERVICES & SUPPLY | 15 | | 951912 | 3 | |
| 4 | DIRECT CHARGED - SUPPLIES | U | PHARMACY | 16 | | 8966 | 4 | |
| 5 | | | | | | | 5 | |
| 6 | | | | | | | 6 | |
| 7 | DIRECT CHARGED - SUPPLIES | U | I&R SERVICES-OTHER PRGM COSTS | 23 | | 471 | 7 | |
| 8 | DIRECT CHARGED - SUPPLIES | U | ADULTS & PEDIATRICS | 25 | | 315837 | 8 | |
| 9 | DIRECT CHARGED - SUPPLIES | U | INTENSIVE CARE UNIT | 26 | | 105811 | 9 | |
| 10 | DIRECT CHARGED - SUPPLIES | U | CORONARY CARE UNIT | 27 | | 12922 | 10 | |
| 11 | DIRECT CHARGED - SUPPLIES | U | INTENSIVE CARE UNIT - GB | 27.01 | | 49959 | 11 | |
| 12 | DIRECT CHARGED - SUPPLIES | U | ISCU | 27.02 | | 5499 | 12 | |
| 13 | DIRECT CHARGED - SUPPLIES | U | SUBPROVIDER I | 31 | | 316 | 13 | |
| 14 | DIRECT CHARGED - SUPPLIES | U | SUBPROVIDER 2 - REHAB | 31.01 | | 1303 | 14 | |
| 15 | DIRECT CHARGED - SUPPLIES | U | OPERATING ROOM | 37 | | 41010277 | 15 | |
| 16 | DIRECT CHARGED - SUPPLIES | U | DELIVERY ROOM & LABOR ROOM | 39 | | 167599 | 16 | |
| 17 | DIRECT CHARGED - SUPPLIES | U | RADIOLOGY-DIAGNOSTIC | 41 | | 2973718 | 17 | |
| 18 | DIRECT CHARGED - SUPPLIES | U | RADIOLOGY-THERAPEUTIC | 42 | | 11796 | 18 | |
| 19 | DIRECT CHARGED - SUPPLIES | U | RADIOISOTOPE | 43 | | 149 | 19 | |
| 20 | DIRECT CHARGED - SUPPLIES | U | CAT SCAN | 43.01 | | 1118171 | 20 | |
| 21 | DIRECT CHARGED - SUPPLIES | U | LABORATORY | 44 | | 1617354 | 21 | |
| 22 | | | | | | | 22 | |
| 23 | DIRECT CHARGED - SUPPLIES | U | BLOOD STORING, PROCESSING & T | 47 | | 1714845 | 23 | |
| 24 | DIRECT CHARGED - SUPPLIES | U | INTRAVENOUS THERAPY | 48 | | 305127 | 24 | |
| 25 | DIRECT CHARGED - SUPPLIES | U | RESPIRATORY THERAPY | 49 | | 4506 | 25 | |
| 26 | DIRECT CHARGED - SUPPLIES | U | PHYSICAL THERAPY | 50 | | 182195 | 26 | |
| 27 | DIRECT CHARGED - SUPPLIES | U | OCCUPATIONAL THERAPY | 51 | | 16856 | 27 | |
| 28 | | | | | | | 28 | |
| 29 | DIRECT CHARGED - SUPPLIES | U | ELECTROCARDIOLOGY | 53 | | 5462665 | 29 | |
| 30 | DIRECT CHARGED - SUPPLIES | U | RENAL DIALYSIS | 57 | | 6318 | 30 | |
| 31 | DIRECT CHARGED - SUPPLIES | U | ASC (NON-DISTINCT PART) | 58 | | 2766 | 31 | |
| 32 | DIRECT CHARGED - SUPPLIES | U | CARDIAC CATHETER LAB | 58.01 | | 6094001 | 32 | |
| 33 | DIRECT CHARGED - SUPPLIES | U | CLINIC | 60 | | 475123 | 33 | |
| 34 | DIRECT CHARGED - SUPPLIES | U | CARDIAC REHABILITATION | 59.97 | | 291 | 34 | |
| 35 | DIRECT CHARGED - SUPPLIES | U | GASTRO-INTESTINAL UNIT | 60.02 | | 826710 | 35 | |
| 36 | SUBTOTAL | | | | | 37068405 | 206124285 | 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- INCREASE ----- | | SALARY | OTHER |
|----|---------------------------------------|------|----------------------|--------|----------|--------------|
| | | | COST CENTER | LINE # | | |
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | DIRECT CHARGED - SUPPLIES | U | | | | 1 |
| 2 | DIRECT CHARGED - SUPPLIES | U | | | | 2 |
| 3 | DIRECT CHARGED - SUPPLIES | U | | | | 3 |
| 4 | DIRECT CHARGED - SUPPLIES | U | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | DIRECT CHARGED - SUPPLIES | U | | | | 7 |
| 8 | DIRECT CHARGED - SUPPLIES | U | | | | 8 |
| 9 | DIRECT CHARGED - SUPPLIES | U | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |
| 14 | | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | | | | | | 16 |
| 17 | | | | | | 17 |
| 18 | | | | | | 18 |
| 19 | | | | | | 19 |
| 20 | | | | | | 20 |
| 21 | | | | | | 21 |
| 22 | | | | | | 22 |
| 23 | | | | | | 23 |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | | | | | | 28 |
| 29 | | | | | | 29 |
| 30 | | | | | | 30 |
| 31 | | | | | | 31 |
| 32 | | | | | | 32 |
| 33 | | | | | | 33 |
| 34 | | | | | | 34 |
| 35 | | | | | | 35 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 37068405 | 206620464 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | DECREASE | | | WKST A-7 REF. 10 | | |
|----|--|------|-------------------------|-------------|-------------|------------------------|------------|----|
| | | | COST CENTER 6 | LINE # 7 | SALARY 8 | | OTHER 9 | |
| 1 | DIRECT CHARGED - SUPPLIES | U | CANCER CARE CENTER | 60.03 | | 5491 | 1 | |
| 2 | DIRECT CHARGED - SUPPLIES | U | EMERGENCY | 61 | | 292462 | 2 | |
| 3 | DIRECT CHARGED - SUPPLIES | U | DENTAL CLINIC | 61.01 | | 52 | 3 | |
| 4 | DIRECT CHARGED - SUPPLIES | U | CHILD & ADOLESCENT CTR. | 61.02 | | 223 | 4 | |
| 5 | | | | | | | 5 | |
| 6 | | | | | | | 6 | |
| 7 | DIRECT CHARGED - SUPPLIES | U | HOME HEALTH AGENCY | 71 | | 142608 | 7 | |
| 8 | DIRECT CHARGED - SUPPLIES | U | HOSPICE | 93 | | 54742 | 8 | |
| 9 | DIRECT CHARGED - SUPPLIES | U | NON-ALLOWABLE COST | 99.01 | | 601 | 9 | |
| 10 | | | | | | | 10 | |
| 11 | | | | | | | 11 | |
| 12 | | | | | | | 12 | |
| 13 | | | | | | | 13 | |
| 14 | | | | | | | 14 | |
| 15 | | | | | | | 15 | |
| 16 | | | | | | | 16 | |
| 17 | | | | | | | 17 | |
| 18 | | | | | | | 18 | |
| 19 | | | | | | | 19 | |
| 20 | | | | | | | 20 | |
| 21 | | | | | | | 21 | |
| 22 | | | | | | | 22 | |
| 23 | | | | | | | 23 | |
| 24 | | | | | | | 24 | |
| 25 | | | | | | | 25 | |
| 26 | | | | | | | 26 | |
| 27 | | | | | | | 27 | |
| 28 | | | | | | | 28 | |
| 29 | | | | | | | 29 | |
| 30 | | | | | | | 30 | |
| 31 | | | | | | | 31 | |
| 32 | | | | | | | 32 | |
| 33 | | | | | | | 33 | |
| 34 | | | | | | | 34 | |
| 35 | | | | | | | 35 | |
| 36 | TOTAL RECLASSIFICATIONS | | | | | 37068405 | 206620464 | 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 | 22497362 | 7569120 | | 7569120 | | 30066482 | | 1 |
| 2 LAND IMPROVEMENTS | 18459481 | 240 | | 240 | | 18459721 | | 2 |
| 3 BUILDINGS AND FIXTURES | 927233461 | 85080045 | | 85080045 | 1889617 | 1010423889 | | 3 |
| 4 BUILDING IMPROVEMENTS | 36588500 | -397596 | | -397596 | 42428 | 36148476 | | 4 |
| 5 FIXED EQUIPMENT | | | | | | | | 5 |
| 6 MOVABLE EQUIPMENT | 392771865 | 46393073 | | 46393073 | 1003888 | 438161050 | | 6 |
| 7 SUBTOTAL | 1397550669 | 138644882 | | 138644882 | 2935933 | 1533259618 | | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 1397550669 | 138644882 | | 138644882 | 2935933 | 1533259618 | | 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 | OTHER CAPITAL-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 | 1095098567 | | 1095098567 | .714229 | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 438161051 | | 438161051 | .285771 | | | | 4 |
| 5 TOTAL | 1533259618 | | 1533259618 | 1.000000 | | | | 5 |

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|----------|----------|-----------|-------|-----------------------------|--|-------|
| | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 45346369 | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 39853803 | | | | | | 4 |
| 5 TOTAL | | 85200172 | | | | | | 5 |

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

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|----------|----------|-----------|-------|-----------------------------|--|-------|
| | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 46104933 | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 39853803 | | | | | | 4 |
| 5 TOTAL | | 85958736 | | | | | | 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 |
|---|--------------------|----------|--|--------------|----------|
| | | | COST CENTER | LINE NO. REF | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | A | -170300 | ADMINISTRATIVE & GENERAL | 6 | 9 |
| 10 TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 PARKING LOT | B | -426146 | OPERATION OF PLANT | 8 | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -2982264 | | | 12 |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 RELATED ORGANIZATION TRANSACTIONS | WKST A-8-1 | | | | 14 |
| 15 LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 CAFETERIA - EMPLOYEES AND GUESTS | B | -3131726 | CAFETERIA | 12 | 16 |
| 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 17 |
| 18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 18 |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | B | -7457156 | PHARMACY | 16 | 19 |
| 20 SALE OF MEDICAL RECORDS AND ABSTRACTS | | | | | 20 |
| 21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) | | | | | 21 |
| 22 VENDING MACHINES | | | | | 22 |
| 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | RESPIRATORY THERAPY | 49 | 25 |
| 25 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | PHYSICAL THERAPY | 50 | 26 |
| 26 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 27 UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 28 DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 29 DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 30 DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 31 DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 32 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 33 PHYSICIANS' ASSISTANT | | | | | 34 |
| 34 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 35 |
| 35 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 36 |
| 36 PHYSICIANS ASSISTANT SALARY | A | -422091 | EMERGENCY | 61 | 37 |
| 37.01 PHYSICIANS ASSISTANT SALARY | A | -4677175 | I&R SERVICES-OTHER PRGM COSTS A | 23 | 37.01 |
| 37.02 PHYSICIANS ASSISTANT SALARY | A | -246499 | RADIOLOGY-DIAGNOSTIC | 41 | 37.02 |
| 37.03 PHYSICIANS ASSISTANT SALARY | A | -389 | EMPLOYEE BENEFITS | 5 | 37.03 |
| 37.04 PHYSICIANS ASSISTANT SALARY | A | -428 | OP CHAPMAN CENTER | 61.06 | 37.04 |
| 38 PARKING LOT REVENUE OFFSET | B | -758564 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 9 38 |
| 39 LOBBYING DUES | A | -77016 | ADMINISTRATIVE & GENERAL | 6 | 40 |
| 40 HOSPITALIST AND OB COVERAGE | A | -5849994 | ADULTS & PEDIATRICS | 25 | 41 |
| 41.01 "HOSPITALIST, RESOURCE, OB COVER | A | -14615 | DENTAL CLINIC | 61.01 | 41.01 |
| 41.02 "HOSPITALIST, RESOURCE, OB COVER | A | -2306097 | I&R SERVICES-OTHER PRGM COSTS A | 23 | 41.02 |
| 42 RESEARCH INSTITUTE EXPENSE | A | 37579457 | RESEARCH | 97 | 43 |
| 43 TUITION REVENUE OFFSET | B | -66795 | LABORATORY | 44 | 44 |
| 44.01 TUITION REVENUE OFFSET | B | -605995 | PARAMED ED PRGM-SCHOOL OF ANEST | 24.02 | 44.01 |
| 44.02 TUITION REVENUE OFFSET | B | -83650 | EMERGENCY | 61 | 44.02 |
| 44.03 TUITION REVENUE OFFSET | B | -762 | CLINIC | 60 | 44.03 |
| 45 MISCELLANEOUS REVENUE OFFSETS | B | -45809 | ADMINISTRATIVE & GENERAL | 6 | 45 |
| 45.04 MISCELLANEOUS REVENUE OFFSETS | B | -188835 | ADULTS & PEDIATRICS | 25 | 45.04 |
| 45.06 MISCELLANEOUS REVENUE OFFSETS | B | -3465 | RESPIRATORY THERAPY | 49 | 45.06 |
| 45.07 MISCELLANEOUS REVENUE OFFSETS | B | -96051 | PHYSICAL THERAPY | 50 | 45.07 |
| 45.09 MISCELLANEOUS REVENUE OFFSETS | B | -10950 | ELECTROCARDIOLOGY | 53 | 45.09 |
| 45.10 MISCELLANEOUS REVENUE OFFSETS | B | -494275 | CLINIC | 60 | 45.10 |
| 45.11 MISCELLANEOUS REVENUE OFFSETS | B | -113349 | CARDIAC REHABILITATION | 59.97 | 45.11 |
| 45.12 MISCELLANEOUS REVENUE OFFSETS | B | -60946 | DENTAL CLINIC | 61.01 | 45.12 |
| 45.15 MISCELLANEOUS REVENUE OFFSETS | B | -36553 | EMERGENCY | 61 | 45.15 |
| 46 NON-ALLOWABLE CORPORATE EXPENSES | A | -4734206 | ADMINISTRATIVE & GENERAL | 6 | 46 |
| 46.01 NON-ALLOWABLE CORPORATE EXPENSES | A | -89495 | EMPLOYEE BENEFITS | 5 | 46.01 |
| 46.03 NON-ALLOWABLE CORPORATE EXPENSES | A | -1922 | NURSING ADMINISTRATION | 14 | 46.03 |
| 46.04 NON-ALLOWABLE CORPORATE EXPENSES | A | -240144 | PHARMACY | 16 | 46.04 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | Wkst A-7 REF 5 |
|--|------------|-------------|--|---------------|----------------------|
| | | | COST CENTER 3 | LINE NO. 4 | |
| 46.07 NON-ALLOWABLE CORPORATE EXPENSES | A | -16372 | I&R SERVICES-OTHER PRGM COSTS A | 23 | 46.07 |
| 46.08 NON-ALLOWABLE CORPORATE EXPENSES | A | -6661 | ADULTS & PEDIATRICS | 25 | 46.08 |
| 46.11 NON-ALLOWABLE CORPORATE EXPENSES | A | -188512 | RADIOLOGY-DIAGNOSTIC | 41 | 46.11 |
| 46.12 NON-ALLOWABLE CORPORATE EXPENSES | A | -135029 | CLINIC | 60 | 46.12 |
| 46.13 NON-ALLOWABLE CORPORATE EXPENSES | A | -38 | CARDIAC REHABILITATION | 59.97 | 46.13 |
| 46.14 NON-ALLOWABLE CORPORATE EXPENSES | A | -10203 | GASTRO-INTESTINAL UNIT | 60.02 | 46.14 |
| 46.15 NON-ALLOWABLE CORPORATE EXPENSES | A | -1750 | CANCER CARE CENTER | 60.03 | 46.15 |
| 46.17 NON-ALLOWABLE CORPORATE EXPENSES | A | -116299 | EMERGENCY | 61 | 46.17 |
| 46.18 NON-ALLOWABLE CORPORATE EXPENSES | A | -2636 | OPERATION OF PLANT | 8 | 46.18 |
| 46.19 NON-ALLOWABLE CORPORATE EXPENSES | A | -659 | RADIOLOGY-THERAPEUTIC | 42 | 46.19 |
| 46.20 NON-ALLOWABLE CORPORATE EXPENSES | A | -549 | LABORATORY | 44 | 46.20 |
| 46.21 NON-ALLOWABLE CORPORATE EXPENSES | A | -2 | PHYSICAL THERAPY | 50 | 46.21 |
| 46.22 NON-ALLOWABLE CORPORATE EXPENSES | A | -139 | OCCUPATIONAL THERAPY | 51 | 46.22 |
| 46.23 NON-ALLOWABLE CORPORATE EXPENSES | A | -51 | ELECTROCARDIOLOGY | 53 | 46.23 |
| 47 I & R RCE DISALLOWANCE | A | -5232359 | ADMINISTRATIVE & GENERAL | 6 | 47 |
| 47.01 I & R RCE DISALLOWANCE | A | -3651011 | I&R SERVICES-OTHER PRGM COSTS A | 23 | 47.01 |
| 48 | | | | | 48 |
| 48.02 DEPARTMENT CHAIR ENDOWMENT | B | -1178167 | I&R SERVICES-OTHER PRGM COSTS A | 23 | 48.02 |
| 48.03 DEPARTMENT CHAIR ENDOWMENT | B | -66405 | RADIOLOGY-DIAGNOSTIC | 41 | 48.03 |
| 48.04 DEPARTMENT CHAIR ENDOWMENT | B | -63961 | RADIOLOGY-THERAPEUTIC | 42 | 48.04 |
| 49 INTEREST - RATE SWAP AGREEMENT | A | -4008597 | ADMINISTRATIVE & GENERAL | 6 | 49 |
| 49.01 DIETARY REVENUE OFFSET | B | -141225 | DIETARY | 11 | 49.01 |
| 49.03 LABORATORY REVENUE OFFSET | B | -14 | PHYSICAL THERAPY | 50 | 49.03 |
| 49.10 RENTAL REVENUE OFFSET | B | -318594 | CLINIC | 60 | 49.10 |
| 50 TOTAL | | -12953438 | | | 50 |

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | AGGREGATE | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | PERCENT OF UNAD- JUSTED RCE LIMIT |
|-----------|--------------------------------------|-----------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | 43 RADIOISOTOPE | AGGREGATE | 216371 | | 216371 | 177200 | 558 | 47537 | 2377 |
| 2 | 61 EMERGENCY | AGGREGATE | 28998 | | 28998 | 208000 | 150 | 15000 | 750 |
| 3 | 25 ADULTS & PEDIATRICS | AGGREGATE | 298233 | | 298233 | 138700 | 2195 | 146368 | 7318 |
| 4 | 5 EMPLOYEE BENEFITS | AGGREGATE | 57527 | | 57527 | 165600 | 490 | 39012 | 1951 |
| 5 | 6 ADMINISTRATIVE & GENERAL | AGGREGATE | 384944 | | 384944 | 165600 | 2548 | 202860 | 10143 |
| 6 | 41 RADIOLOGY-DIAGNOSTIC | AGGREGATE | 824304 | | 824304 | 225300 | 3399 | 368171 | 18409 |
| 7 | 42 RADIOLOGY-THERAPEUTIC | AGGREGATE | 303766 | | 303766 | 225300 | 1024 | 110917 | 5546 |
| 8 | 44 LABORATORY | AGGREGATE | 3090555 | | 3090555 | 215700 | 13351 | 1384524 | 69226 |
| 10 | 50 PHYSICAL THERAPY | AGGREGATE | 96885 | | 96885 | 177200 | 584 | 49752 | 2488 |
| 11 | 53 ELECTROCARDIOLOGY | AGGREGATE | 29033 | | 29033 | 165600 | 131 | 10430 | 522 |
| 12 | 61.03 ADOLESCENT DAY HOSP. | AGGREGATE | 59530 | | 59530 | 154100 | 632 | 46823 | 2341 |
| 13 | 61.01 DENTAL CLINIC | AGGREGATE | | | | | | | |
| 14 | 61.06 OP CHAPMAN CENTER | AGGREGATE | 40850 | | 40850 | 154100 | 369 | 27338 | 1367 |
| 101 | TOTAL | | 5430996 | | 5430996 | | 25431 | 2448732 | 122438 |

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-------------|--------------------------------------|--------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| LINE NO. | 11 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 | 43 | RADIOISOTOPE | AGGREGATE | | | | 47537 | 168834 | 168834 |
| 2 | 61 | EMERGENCY | AGGREGATE | | | | 15000 | 13998 | 13998 |
| 3 | 25 | ADULTS & PEDIATRICS | AGGREGATE | | | | 146368 | 151865 | 151865 |
| 4 | 5 | EMPLOYEE BENEFITS | AGGREGATE | | | | 39012 | 18515 | 18515 |
| 5 | 6 | ADMINISTRATIVE & GENERAL | AGGREGATE | | | | 202860 | 182084 | 182084 |
| 6 | 41 | RADIOLOGY-DIAGNOSTIC | AGGREGATE | | | | 368171 | 456133 | 456133 |
| 7 | 42 | RADIOLOGY-THERAPEUTIC | AGGREGATE | | | | 110917 | 192849 | 192849 |
| 8 | 44 | LABORATORY | AGGREGATE | | | | 1384524 | 1706031 | 1706031 |
| 10 | 50 | PHYSICAL THERAPY | AGGREGATE | | | | 49752 | 47133 | 47133 |
| 11 | 53 | ELECTROCARDIOLOGY | AGGREGATE | | | | 10430 | 18603 | 18603 |
| 12 | 61.03 | ADOLESCENT DAY HOSP. | AGGREGATE | | | | 46823 | 12707 | 12707 |
| 13 | 61.01 | DENTAL CLINIC | AGGREGATE | | | | | | |
| 14 | 61.06 | OP CHAPMAN CENTER | AGGREGATE | | | | 27338 | 13512 | 13512 |
| 101 | | TOTAL | | | | | 2448732 | 2982264 | 2982264 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | | NET EXP FOR COST ALLOCATION 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | EMPLOYEE BENEFITS 5 | SUBTOTAL 5A | ADMINIS- TRATIVE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | |
|-------------------------|---------------------------------|--|-------------------------------------|--------------------------------------|---------------------------|----------------|---------------------------------------|----------------------------|------------------------------------|-------|
| 69.30 | OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 | OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | 10109784 | 163623 | 15403 | 245814 | 10534624 | 2647225 | 576078 | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 | ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 | HOSPICE | 4448106 | 65363 | 4485 | 84163 | 4602117 | 1156457 | 230127 | | 93 |
| 95 | SUBTOTALS | 890913768 | 43954897 | 37769748 | 15667257 | 887176816 | 174275262 | 59288753 | 5128971 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 97 | RESEARCH | 37579457 | 462988 | 1695698 | | 39738143 | 9985718 | 1630068 | | 97 |
| 99.01 | NON-ALLOWABLE COST | 35780906 | 928484 | 388357 | 261425 | 37359172 | 9387912 | 3268965 | | 99.01 |
| 99.02 | EVANSTON HOME SERVICES | | | | | | | | | 99.02 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 | TOTAL | 964274131 | 45346369 | 39853803 | 15928682 | 964274131 | 193648892 | 64187786 | 5128971 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | HOUSE- | DIETARY | CAFETERIA | NURSING | CENTRAL | PHARMACY | MEDICAL | SOCIAL | |
|---------------------------------------|----------|----------|-----------|----------|------------|----------|-----------|---------|-------|
| | KEEPING | | | ADMINIS- | SERVICES & | | RECORDS & | SERVICE | |
| | 10 | 11 | 12 | TRATION | SUPPLY | 16 | LIBRARY | | 18 |
| | | | | 14 | 15 | | 17 | | |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 139039 | | 73549 | 331895 | | 90169 | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 HOSPICE | 55542 | | 22080 | 121695 | | 28224 | | | 93 |
| 95 SUBTOTALS | 13953628 | 15692508 | 3399786 | 14315759 | 13692629 | 9808590 | 8572302 | 4484383 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 97 RESEARCH | 393424 | | 121156 | | | 2170 | | | 97 |
| 99.01 NON-ALLOWABLE COST | 788980 | 2285 | 103117 | 77442 | | 284 | | | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 15136032 | 15694793 | 3624059 | 14393201 | 13692629 | 9811044 | 8572302 | 4484383 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | I&R PROGRAM COSTS | PARAMED EDUCATION | PARAMED EDUCATION MED TECH | PARAMED EDUCATION ANESTHESIA | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|---------------------------------------|-------------------------|----------------------|----------------------------------|------------------------------------|-----------|---------------------------------------|-----------|-------|
| | 23 | 24 | 24.01 | 24.02 | 25 | 26 | 27 | |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 14392579 | | 14392579 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 93 HOSPICE | | | | | 6216242 | | 6216242 | 93 |
| 95 SUBTOTALS | 38302536 | 227455 | 164071 | 33632 | 861415295 | -39486090 | 821929205 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 RESEARCH | | | | | 51870679 | | 51870679 | 97 |
| 99.01 NON-ALLOWABLE COST | | | | | 50988157 | | 50988157 | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 38302536 | 227455 | 164071 | 33632 | 964274131 | -39486090 | 924788041 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | | DIR ASSGND CAP-REL COSTS 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | CAP REL COST TO BE ALLOC 4A | EMPLOYEE BENEFITS 5 | ADMINIS- TRATIVE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | |
|-------------------------|---------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------|---------------------------------------|----------------------------|------------------------------------|-------|
| 69.30 | OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 | OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | 163623 | 15403 | 179026 | 9153 | 379636 | 141367 | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 | ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 | HOSPICE | | 65363 | 4485 | 69848 | 3134 | 165846 | 56472 | | 93 |
| 95 | SUBTOTALS | | 43954897 | 37769748 | 81724645 | 583513 | 24992854 | 14549185 | 302231 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 97 | RESEARCH | | 462988 | 1695698 | 2158686 | | 1432043 | 400011 | | 97 |
| 99.01 | NON-ALLOWABLE COST | | 928484 | 388357 | 1316841 | 9734 | 1346312 | 802189 | | 99.01 |
| 99.02 | EVANSTON HOME SERVICES | | | | | | | | | 99.02 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 | TOTAL | | 45346369 | 39853803 | 85200172 | 593247 | 27771209 | 15751385 | 302231 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | HOUSE- | DIETARY | CAFETERIA | NURSING | CENTRAL | PHARMACY | MEDICAL | SOCIAL | |
|---------------------------------------|---------|---------|-----------|----------|------------|----------|-----------|---------|-------|
| | KEEPING | | | ADMINIS- | SERVICES & | | RECORDS & | SERVICE | |
| | 10 | 11 | 12 | TRATION | SUPPLY | 16 | LIBRARY | | 18 |
| | | | | 14 | 15 | | 17 | | |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 9719 | | 17921 | 17445 | | 2770 | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 HOSPICE | 3882 | | 5380 | 6396 | | 867 | | | 93 |
| 95 SUBTOTALS | 975356 | 1485078 | 828379 | 752443 | 399109 | 301279 | 643025 | 258106 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 97 RESEARCH | 27500 | | 29521 | | | 67 | | | 97 |
| 99.01 NON-ALLOWABLE COST | 55149 | 216 | 25125 | 4070 | | 9 | | | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 1058005 | 1485294 | 883025 | 756513 | 399109 | 301355 | 643025 | 258106 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | I&R PROGRAM COSTS | PARAMED EDUCATION | PARAMED EDUCATION MED TECH | PARAMED EDUCATION ANESTHESIA | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|---------------------------------------|-------------------------|----------------------|----------------------------------|------------------------------------|----------|---------------------------------------|----------|-------|
| | 23 | 24 | 24.01 | 24.02 | 25 | 26 | 27 | |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 757037 | | 757037 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 93 HOSPICE | | | | | 311825 | | 311825 | 93 |
| 95 SUBTOTALS | | | | | 74831576 | | 74831576 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 RESEARCH | | | | | 4047828 | | 4047828 | 97 |
| 99.01 NON-ALLOWABLE COST | | | | | 3559645 | | 3559645 | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | 2715581 | 10937 | 29896 | 4709 | 2761123 | | 2761123 | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 2715581 | 10937 | 29896 | 4709 | 85200172 | | 85200172 | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | NEW CAP BLDGS & FIXTURES SQUARE FEET | NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILIATION | ADMINIS- TRATIVE & GENERAL ACCUM COST | OPERATION OF PLANT SQUARE FEET | |
|-------------------------------------|-------------------------------|--|---|---|---------------------|---|---|-------|
| | | 3 | 4 | 5 | 6A | 6 | 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 | 2730647 | | | | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | | 41624856 | | | | | 4 |
| 5 | EMPLOYEE BENEFITS | 28845 | 119310 | 362972225 | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 786031 | 15253535 | 69358793 | -193648892 | 770625239 | | 6 |
| 7 | MAINTENANCE & REPAIRS | | | | | | | 7 |
| 8 | OPERATION OF PLANT | 817930 | 333568 | 299308 | | 51297372 | 1097841 | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 5279 | | | | 3852288 | 5279 | 9 |
| 10 | HOUSEKEEPING | 19948 | 39551 | | | 11155319 | 19948 | 10 |
| 11 | DIETARY | 31638 | 92328 | 207067 | | 10703869 | 31638 | 11 |
| 12 | CAFETERIA | 25222 | 26917 | | | 1433308 | 25222 | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 6968 | 105039 | 7839375 | | 11021867 | 6968 | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | | | 2914165 | | 10942828 | | 15 |
| 16 | PHARMACY | | | 11504576 | | 7840756 | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 11044 | 47465 | 3841467 | | 6147447 | 11044 | 17 |
| 18 | SOCIAL SERVICE | 3943 | 1690 | 2220611 | | 3332747 | 3943 | 18 |
| 20 | NONPHYSICIAN ANESTHETISTS | | | | | | | 20 |
| 21 | NURSING SCHOOL | | | | | | | 21 |
| 22 | I&R SERVICES-SALARY & FRINGES | | | | | | | 22 |
| 23 | I&R SERVICES-OTHER PRGM COSTS | 46296 | 159527 | 21837561 | | 27618914 | 46296 | 23 |
| 24 | PARAMED ED PRGM-PHARMACY RESI | 124 | | 144336 | | 172911 | 124 | 24 |
| 24.01 | PARAMED ED PRGM-MEDICAL TECH | 832 | 185 | 39261 | | 82512 | 832 | 24.01 |
| 24.02 | PARAMED ED PRGM-SCHOOL OF ANE | 81 | | 420955 | | 19818 | 81 | 24.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 189820 | 2277945 | 46391974 | | 63254769 | 189820 | 25 |
| 26 | INTENSIVE CARE UNIT | 16397 | 1078634 | 7038039 | | 11213743 | 16397 | 26 |
| 27 | CORONARY CARE UNIT | 12192 | 76836 | 3792051 | | 5639853 | 12192 | 27 |
| 27.01 | INTENSIVE CARE UNIT - GB | 13579 | 226348 | 3048870 | | 4736700 | 13579 | 27.01 |
| 27.02 | ISCU | 9774 | 461498 | 7165965 | | 10414539 | 9774 | 27.02 |
| 31 | SUBPROVIDER I | 15143 | 38450 | 3682066 | | 5159345 | 15143 | 31 |
| 31.01 | SUBPROVIDER 2 - REHAB | 8470 | 1683 | 1548798 | | 2244772 | 8470 | 31.01 |
| 33 | NURSERY | 2172 | | 3043065 | | 4293791 | 2172 | 33 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | OPERATING ROOM | 77823 | 4722543 | 17360194 | | 36020839 | 77823 | 37 |
| 39 | DELIVERY ROOM & LABOR ROOM | 36243 | 295964 | 6950650 | | 11018363 | 36243 | 39 |
| 41 | RADIOLOGY-DIAGNOSTIC | 70533 | 3127897 | 16213504 | | 28986738 | 70533 | 41 |
| 42 | RADIOLOGY-THERAPEUTIC | 21962 | 1861550 | 3780109 | | 7306083 | 21962 | 42 |
| 43 | RADIOISOTOPE | 11867 | 494449 | 2465071 | | 5126467 | 11867 | 43 |
| 43.01 | CAT SCAN | 22668 | 3132800 | 5471341 | | 12949448 | 22668 | 43.01 |
| 44 | LABORATORY | 49806 | 786349 | 16239372 | | 38634932 | 49806 | 44 |
| 44.01 | VASCULAR LAB | 2228 | 72651 | 871007 | | 1410731 | 2228 | 44.01 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | 2750 | 36709 | 1113009 | | 2278190 | 2750 | 47 |
| 48 | INTRAVENOUS THERAPY | 486 | 7229 | 1574902 | | 2449575 | 486 | 48 |
| 49 | RESPIRATORY THERAPY | 4004 | 112518 | 3902271 | | 6857232 | 4004 | 49 |
| 50 | PHYSICAL THERAPY | 25736 | 105854 | 11437783 | | 16054328 | 25736 | 50 |
| 51 | OCCUPATIONAL THERAPY | 2483 | | 1657504 | | 2225587 | 2483 | 51 |
| 52 | SPEECH PATHOLOGY | 382 | 306 | 479089 | | 641872 | 382 | 52 |
| 53 | ELECTROCARDIOLOGY | 13010 | 1021687 | 4099963 | | 6888410 | 13010 | 53 |
| 55 | MEDICAL SUPPLIES CHARGED TO P | 9338 | 127422 | | | 21396462 | 9338 | 55 |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 18958 | 258706 | | | 43382775 | 18958 | 55.30 |
| 56 | DRUGS CHARGED TO PATIENTS | 12943 | 71198 | | | 77071712 | 12943 | 56 |
| 57 | RENAL DIALYSIS | 9705 | 102199 | 1765185 | | 5319411 | 9705 | 57 |
| 58 | ASC (NON-DISTINCT PART) | 22573 | 25511 | 3993715 | | 6022124 | 22573 | 58 |
| 58.01 | CARDIAC CATHETER LAB | 11981 | 372594 | 1995176 | | 3714965 | 11981 | 58.01 |
| 59 | BLANK | | | | | | | 59 |
| 59.97 | CARDIAC REHABILITATION | 5399 | 30032 | 601188 | | 838231 | 5399 | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 | CLINIC | 39075 | 334764 | 25748032 | | 49374585 | 39075 | 60 |
| 60.02 | GASTRO-INTESTINAL UNIT | 20090 | 1248721 | 3618371 | | 7284326 | 20090 | 60.02 |
| 60.03 | CANCER CARE CENTER | 39877 | 434347 | 4204900 | | 7296698 | 39877 | 60.03 |
| 61 | EMERGENCY | 32585 | 292274 | 13524047 | | 19470394 | 32585 | 61 |
| 61.01 | DENTAL CLINIC | 1476 | 5748 | 374686 | | 556562 | 1476 | 61.01 |
| 61.02 | CHILD & ADOLESCENT CTR. | 5018 | 282 | 512334 | | 779320 | 5018 | 61.02 |
| 61.03 | ADOLESCENT DAY HOSP. | 689 | 4387 | 791316 | | 1059099 | 689 | 61.03 |
| 61.06 | OP CHAPMAN CENTER | 9651 | 216 | 2412726 | | 3396256 | 9651 | 61.06 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 | RHC | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP BLDGS & FIXTURES SQUARE FEET 3 | NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE 4 | EMPLOYEE BENEFITS GROSS SALARIES 5 | RECON- CILIATION 6A | ADMINIS- TRATIVE & GENERAL ACCUM COST 6 | OPERATION OF PLANT SQUARE FEET 8 | |
|-------------------------------------|---|--|--|---------------------------|--|--|-------|
| 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 | 9853 | 16088 | 5601456 | | 10534624 | 9853 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 93 HOSPICE | 3936 | 4684 | 1917848 | | 4602117 | 3936 | 93 |
| 95 SUBTOTALS | 2646856 | 39448188 | 357015052 | -193648892 | 693527924 | 1014050 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 97 RESEARCH | 27880 | 1771053 | | | 39738143 | 27880 | 97 |
| 99.01 NON-ALLOWABLE COST | 55911 | 405615 | 5957173 | | 37359172 | 55911 | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 45346369 | 39853803 | 15928682 | | 193648892 | 64187786 | 103 |
| 104 UNIT COST MULT-WS B PT I | | .957452 | | | | 58.467288 | |
| 104 UNIT COST MULT-WS B PT I | 16.606456 | | .043884 | | .251288 | | 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 | | | 593247 | | 27771209 | 15751385 | 107 |
| 108 UNIT COST MULT-WS B PT III | | | | | | 14.347601 | |
| 108 UNIT COST MULT-WS B PT III | | | .001634 | | .036037 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY | HOUSE-KEEPING SQUARE FEET | DIETARY MEALS SERVED | CAFETERIA PAID HOURS | NURSING ADMINISTRATION DIRECT FTES | CENTRAL SERVICES & SUPPLY COSTED REQUIS. | PHARMACY COSTED REQUIS. |
|-------------------------------------|---|---------------------------|----------------------|----------------------|------------------------------------|--|-------------------------|
| | 9 | 10 | 11 | 12 | 14 | 15 | 16 |
| 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 | 102026 | | | | | | 9 |
| 10 HOUSEKEEPING | 223 | 1072614 | | | | | 10 |
| 11 DIETARY | 98 | 31638 | 597488 | | | | 11 |
| 12 CAFETERIA | | 25222 | | 8586000 | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | 6968 | | 227305 | 1301 | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | 63939642 | 15 |
| 16 PHARMACY | | | | | | | 80357653 |
| 17 MEDICAL RECORDS & LIBRARY | | 11044 | | 159808 | 1 | | 17 |
| 18 SOCIAL SERVICE | | 3943 | | 66288 | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | 46296 | 2691 | 372379 | 14 | | 3852 |
| 24 PARAMED ED PRGM-PHARMACY RESI | | 124 | | 4960 | | | 24 |
| 24.01 PARAMED ED PRGM-MEDICAL TECH | | 832 | | 1040 | | | 24.01 |
| 24.02 PARAMED ED PRGM-SCHOOL OF ANE | | 81 | | 7000 | | | 24.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 30056 | 189820 | 390498 | 1596741 | 412 | | 3659 |
| 26 INTENSIVE CARE UNIT | 3213 | 16397 | 20869 | 202009 | 79 | | 405 |
| 27 CORONARY CARE UNIT | 3779 | 12192 | 30838 | 126545 | 37 | | 43 |
| 27.01 INTENSIVE CARE UNIT - GB | 1190 | 13579 | 9524 | 90024 | 31 | | 133 |
| 27.02 ISCU | 1325 | 9774 | 843 | 196582 | 85 | | 8138 |
| 31 SUBPROVIDER I | 2295 | 15143 | 32756 | 121614 | 20 | | 1 |
| 31.01 SUBPROVIDER 2 - REHAB | 2356 | 8470 | 17387 | 55615 | 13 | | 8 |
| 33 NURSERY | | 2172 | | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | 7445 | 77823 | 1514 | 500486 | 147 | | 704580 |
| 39 DELIVERY ROOM & LABOR ROOM | 4064 | 36243 | 29188 | 206474 | 77 | | 1630 |
| 41 RADIOLOGY-DIAGNOSTIC | 5100 | 70533 | 3337 | 540323 | 23 | | 35193 |
| 42 RADIOLOGY-THERAPEUTIC | 1642 | 21962 | 552 | 85522 | 3 | | 296 |
| 43 RADIOISOTOPE | 1084 | 11867 | 277 | 67466 | | | 57065 |
| 43.01 CAT SCAN | 1296 | 22668 | | 161501 | 2 | | 95255 |
| 44 LABORATORY | 49 | 49806 | 575 | 574957 | 2 | | 15336 |
| 44.01 VASCULAR LAB | 1485 | 2228 | | 26370 | | | 129 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | 49 | 2750 | | 35425 | | | 49997 |
| 48 INTRAVENOUS THERAPY | 49 | 486 | | 37660 | 18 | | 4888 |
| 49 RESPIRATORY THERAPY | | 4004 | 14 | 134110 | | | 5088 |
| 50 PHYSICAL THERAPY | 1487 | 25736 | 390 | 361035 | 1 | | 6174 |
| 51 OCCUPATIONAL THERAPY | 1388 | 2483 | | 49425 | | | 51 |
| 52 SPEECH PATHOLOGY | | 382 | | 15664 | | | 52 |
| 53 ELECTROCARDIOLOGY | 2984 | 13010 | 670 | 132462 | 12 | | 5736 |
| 55 MEDICAL SUPPLIES CHARGED TO P | 941 | 9338 | | 55861 | | 21119391 | 62 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 1911 | 18958 | | 113415 | | 42820251 | 125 |
| 56 DRUGS CHARGED TO PATIENTS | | 12943 | | 313015 | | | 77274307 |
| 57 RENAL DIALYSIS | 2306 | 9705 | 1412 | 57602 | 10 | | 806518 |
| 58 ASC (NON-DISTINCT PART) | 5805 | 22573 | 9314 | 109223 | 43 | | 2662 |
| 58.01 CARDIAC CATHETER LAB | 2224 | 11981 | 1358 | 52146 | 13 | | 10694 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 178 | 5399 | 19 | 18142 | 5 | | 31 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | 1757 | 39075 | 767 | 180084 | 21 | | 165805 |
| 60.02 GASTRO-INTESTINAL UNIT | 4397 | 20090 | 2722 | 117830 | 34 | | 10543 |
| 60.03 CANCER CARE CENTER | 1463 | 39877 | 3342 | 137075 | 41 | | 465 |
| 61 EMERGENCY | 7842 | 32585 | 10916 | 386382 | 94 | | 63240 |
| 61.01 DENTAL CLINIC | 49 | 1476 | | 13123 | | | 733 |
| 61.02 CHILD & ADOLESCENT CTR. | 442 | 5018 | 25273 | 16502 | 5 | | 1459 |
| 61.03 ADOLESCENT DAY HOSP. | | 689 | 355 | 25573 | 4 | | |
| 61.06 OP CHAPMAN CENTER | 54 | 9651 | | 75333 | 6 | | 33592 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY | HOUSE-KEEPING SQUARE FEET | DIETARY MEALS SERVED | CAFETERIA PAID HOURS | NURSING ADMINISTRATION DIRECT FTES | CENTRAL SERVICES & SUPPLY COSTED REQUIS. | PHARMACY COSTED REQUIS. | |
|-------------------------------------|---|---------------------------|----------------------|----------------------|------------------------------------|--|-------------------------|-------|
| | 9 | 10 | 11 | 12 | 14 | 15 | 16 | |
| 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 | | 9853 | | 174250 | 30 | | 738536 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 93 HOSPICE | | 3936 | | 52312 | 11 | | 231168 | 93 |
| 95 SUBTOTALS | 102026 | 988823 | 597401 | 8054658 | 1294 | 63939642 | 80337546 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 RESEARCH | | 27880 | | 287040 | | | 17777 | 97 |
| 99.01 NON-ALLOWABLE COST | | 55911 | 87 | 244302 | 7 | | 2330 | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 5128971 | 15136032 | 15694793 | 3624059 | 14393201 | 13692629 | 9811044 | 103 |
| 104 UNIT COST MULT-WS B PT I | 50.271215 | | 26.267964 | | 11063.182936 | | .122092 | |
| 104 UNIT COST MULT-WS B PT I | | 14.111350 | | .422089 | | .214149 | | 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 | 302231 | 1058005 | 1485294 | 883025 | 756513 | 399109 | 301355 | 107 |
| 108 UNIT COST MULT-WS B PT III | 2.962294 | | 2.485898 | | 581.485780 | | .003750 | |
| 108 UNIT COST MULT-WS B PT III | | .986380 | | .102845 | | .006242 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE 17 | SOCIAL SERVICE TIME SPENT 18 | I&R PROGRAM COSTS ASSIGNED TIME 23 | PARAMED EDUCATION ASSIGNED TIME 24 | PARAMED EDUCATION MED TECH ASSIGNED TIME 24.01 | PARAMED EDUCATION ANESTHESIA ASSIGNED TIME 24.02 | |
|------------------------------|---|---------------------------------|---------------------------------------|---------------------------------------|---|---|-------|
| 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 | 2538738697 | | | | | 17 |
| 18 | SOCIAL SERVICE | | 34529 | | | | 18 |
| 20 | NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 | NURSING SCHOOL | | | | | | 21 |
| 22 | I&R SERVICES-SALARY & FRINGES | | | | | | 22 |
| 23 | I&R SERVICES-OTHER PRGM COSTS | | | 16256 | | | 23 |
| 24 | PARAMED ED PRGM-PHARMACY RESI | | | | 100 | | 24 |
| 24.01 | PARAMED ED PRGM-MEDICAL TECH | | | | | 100 | 24.01 |
| 24.02 | PARAMED ED PRGM-SCHOOL OF ANE | | | | | | 24.02 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 182944636 | 21738 | 10254 | | | 25 |
| 26 | INTENSIVE CARE UNIT | 28566690 | 2080 | | | | 26 |
| 27 | CORONARY CARE UNIT | 14165946 | 1730 | | | | 27 |
| 27.01 | INTENSIVE CARE UNIT - GB | 11254712 | 832 | | | | 27.01 |
| 27.02 | ISCU | 38988530 | | 50 | | | 27.02 |
| 31 | SUBPROVIDER I | 12928873 | | 315 | | | 31 |
| 31.01 | SUBPROVIDER 2 - REHAB | 6282028 | 1040 | | | | 31.01 |
| 33 | NURSERY | 6549603 | | | | | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | 246525507 | | 2257 | | 100 | 37 |
| 39 | DELIVERY ROOM & LABOR ROOM | 44877394 | | | | | 39 |
| 41 | RADIOLOGY-DIAGNOSTIC | 152558672 | | 889 | | | 41 |
| 42 | RADIOLOGY-THERAPEUTIC | 53113645 | 40 | | | | 42 |
| 43 | RADIOISOTOPE | 39849708 | | | | | 43 |
| 43.01 | CAT SCAN | 287834457 | | | | | 43.01 |
| 44 | LABORATORY | 296190365 | | 1300 | | 100 | 44 |
| 44.01 | VASCULAR LAB | 18293687 | | | | | 44.01 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | 9421941 | | | | | 47 |
| 48 | INTRAVENOUS THERAPY | 5229812 | | | | | 48 |
| 49 | RESPIRATORY THERAPY | 38261916 | | | | | 49 |
| 50 | PHYSICAL THERAPY | 49144959 | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | 8574202 | | | | | 51 |
| 52 | SPEECH PATHOLOGY | 2491491 | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | 85032263 | | 117 | | | 53 |
| 55 | MEDICAL SUPPLIES CHARGED TO P | 99769002 | | | | | 55 |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 143740514 | | | | | 55.30 |
| 56 | DRUGS CHARGED TO PATIENTS | 264346316 | | | 100 | | 56 |
| 57 | RENAL DIALYSIS | 20218933 | 2120 | 51 | | | 57 |
| 58 | ASC (NON-DISTINCT PART) | 13157878 | 52 | | | | 58 |
| 58.01 | CARDIAC CATHETER LAB | 63815370 | | | | | 58.01 |
| 59 | BLANK | | | | | | 59 |
| 59.97 | CARDIAC REHABILITATION | 1764355 | | | | | 59.97 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 | CLINIC | 50667787 | 700 | 200 | | | 60 |
| 60.02 | GASTRO-INTESTINAL UNIT | 56131753 | | 8 | | | 60.02 |
| 60.03 | CANCER CARE CENTER | 22075208 | 3668 | | | | 60.03 |
| 61 | EMERGENCY | 149934834 | 189 | 615 | | | 61 |
| 61.01 | DENTAL CLINIC | 1537201 | | 200 | | | 61.01 |
| 61.02 | CHILD & ADOLESCENT CTR. | 1646465 | 340 | | | | 61.02 |
| 61.03 | ADOLESCENT DAY HOSP. | 2447742 | | | | | 61.03 |
| 61.06 | OP CHAPMAN CENTER | 8404302 | | | | | 61.06 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE 17 | SOCIAL SERVICE TIME SPENT 18 | I&R PROGRAM COSTS ASSIGNED TIME 23 | PARAMED EDUCATION ASSIGNED TIME 24 | PARAMED EDUCATION MED TECH ASSIGNED TIME 24.01 | PARAMED EDUCATION ANESTHESIA ASSIGNED TIME 24.02 | |
|-------------------------------------|---|---------------------------------|---------------------------------------|---------------------------------------|---|---|-------|
| 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 |
| 93 HOSPICE | | | | | | | 93 |
| 95 SUBTOTALS | 2538738697 | 34529 | 16256 | 100 | 100 | 100 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 97 RESEARCH | | | | | | | 97 |
| 99.01 NON-ALLOWABLE COST | | | | | | | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 8572302 | 4484383 | 38302536 | 227455 | 164071 | 33632 | 103 |
| 104 UNIT COST MULT-WS B PT I | .003377 | | 2356.209154 | | 1640.710000 | | |
| 104 UNIT COST MULT-WS B PT I | | 129.872947 | | 2274.550000 | | 336.320000 | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | |
| 106 UNIT COST MULT-WS B PT II | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 643025 | 258106 | 2715581 | 10937 | 29896 | 4709 | 107 |
| 108 UNIT COST MULT-WS B PT III | .000253 | | 167.050997 | | 298.960000 | | |
| 108 UNIT COST MULT-WS B PT III | | 7.475050 | | 109.370000 | | 47.090000 | 108 |

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

| DESCRIPTION | | ----- WORKSHEET B ----- | | AMOUNT | |
|-------------|-------------------------------------|-------------------------|----------|---------|----|
| 1 | | PART | LINE NO. | 4 | |
| | | 2 | 3 | | |
| 1 | EXCLUDE EPO FROM RENAL FACILITY | 1 | 57 | -685243 | 1 |
| 2 | | | | | 2 |
| 3 | EXCLUDE ARANESP FROM RENAL FACILITY | 1 | 57 | -498311 | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| 11 | | | | | 11 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | | | | 23 |
| 24 | | | | | 24 |
| 25 | | | | | 25 |
| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (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 | 113368784 | | 113368784 | 151865 | 113520649 | 25 |
| 26 INTENSIVE CARE UNIT | 17257313 | | 17257313 | | 17257313 | 26 |
| 27 CORONARY CARE UNIT | 9677259 | | 9677259 | | 9677259 | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 7749554 | | 7749554 | | 7749554 | 27.01 |
| 27.02 ISCU | 14985728 | | 14985728 | | 14985728 | 27.02 |
| 31 SUBPROVIDER I | 8846946 | | 8846946 | | 8846946 | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | 4322335 | | 4322335 | | 4322335 | 31.01 |
| 33 NURSERY | 5552528 | | 5552528 | | 5552528 | 33 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 53924482 | | 53924482 | | 53924482 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | 18479389 | | 18479389 | | 18479389 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | 42735990 | | 42735990 | 456133 | 43192123 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 11086915 | | 11086915 | 192849 | 11279764 | 42 |
| 43 RADIOISOTOPE | 7507763 | | 7507763 | 168834 | 7676597 | 43 |
| 43.01 CAT SCAN | 18987793 | | 18987793 | | 18987793 | 43.01 |
| 44 LABORATORY | 53405814 | | 53405814 | 1706031 | 55111845 | 44 |
| 44.01 VASCULAR LAB | 2074513 | | 2074513 | | 2074513 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & | 3105601 | | 3105601 | | 3105601 | 47 |
| 48 INTRAVENOUS THERAPY | 3336151 | | 3336151 | | 3336151 | 48 |
| 49 RESPIRATORY THERAPY | 9057782 | | 9057782 | | 9057782 | 49 |
| 50 PHYSICAL THERAPY | 22371639 | | 22371639 | 47133 | 22418772 | 50 |
| 51 OCCUPATIONAL THERAPY | 3084655 | | 3084655 | | 3084655 | 51 |
| 52 SPEECH PATHOLOGY | 845919 | | 845919 | | 845919 | 52 |
| 53 ELECTROCARDIOLOGY | 10207765 | | 10207765 | 18603 | 10226368 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO | 32381383 | | 32381383 | | 32381383 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | 65459591 | | 65459591 | | 65459591 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 108065179 | | 108065179 | | 108065179 | 56 |
| 57 RENAL DIALYSIS | 6906976 | | 6906976 | | 6906976 | 57 |
| 58 ASC (NON-DISTINCT PART) | 10283544 | | 10283544 | | 10283544 | 58 |
| 58.01 CARDIAC CATHETER LAB | 6048173 | | 6048173 | | 6048173 | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1519103 | | 1519103 | | 1519103 | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 65316908 | | 65316908 | | 65316908 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | 11482166 | | 11482166 | | 11482166 | 60.02 |
| 60.03 CANCER CARE CENTER | 13248252 | | 13248252 | | 13248252 | 60.03 |
| 61 EMERGENCY | 29150637 | | 29150637 | 13998 | 29164635 | 61 |
| 61.01 DENTAL CLINIC | 816827 | | 816827 | | 816827 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 2137620 | | 2137620 | | 2137620 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | 1447883 | | 1447883 | 12707 | 1460590 | 61.03 |
| 61.06 OP CHAPMAN CENTER | 5083524 | | 5083524 | 13512 | 5097036 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTI | 12733594 | | 12733594 | | 12733594 | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 814053978 | | 814053978 | 2781665 | 816835643 | 101 |
| 102 LESS OBSERVATION BEDS | 12733594 | | 12733594 | | 12733594 | 102 |
| 103 TOTAL | 801320384 | | 801320384 | 2781665 | 804102049 | 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 | 160834751 | | 160834751 | | | 25 |
| 26 INTENSIVE CARE UNIT | 28566690 | | 28566690 | | | 26 |
| 27 CORONARY CARE UNIT | 14165946 | | 14165946 | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 11254712 | | 11254712 | | | 27.01 |
| 27.02 ISCU | 38988530 | | 38988530 | | | 27.02 |
| 31 SUBPROVIDER I | 12928873 | | 12928873 | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | 6282028 | | 6282028 | | | 31.01 |
| 33 NURSERY | 6549603 | | 6549603 | | | 33 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 123355174 | 123170333 | 246525507 | .218738 | .218738 | .218738 37 |
| 39 DELIVERY ROOM & LABOR ROOM | 41261410 | 3615984 | 44877394 | .411775 | .411775 | .411775 39 |
| 41 RADIOLOGY-DIAGNOSTIC | 30392807 | 122165865 | 152558672 | .280128 | .280128 | .283118 41 |
| 42 RADIOLOGY-THERAPEUTIC | 2264473 | 50849172 | 53113645 | .208739 | .208739 | .212370 42 |
| 43 RADIOISOTOPE | 4409261 | 35440447 | 39849708 | .188402 | .188402 | .192639 43 |
| 43.01 CAT SCAN | 64190487 | 223643970 | 287834457 | .065968 | .065968 | .065968 43.01 |
| 44 LABORATORY | 130402671 | 165787694 | 296190365 | .180309 | .180309 | .186069 44 |
| 44.01 VASCULAR LAB | 7469837 | 10823850 | 18293687 | .113400 | .113400 | .113400 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & | 6928724 | 2493217 | 9421941 | .329614 | .329614 | .329614 47 |
| 48 INTRAVENOUS THERAPY | 4946111 | 283701 | 5229812 | .637910 | .637910 | .637910 48 |
| 49 RESPIRATORY THERAPY | 35209351 | 3052565 | 38261916 | .236731 | .236731 | .236731 49 |
| 50 PHYSICAL THERAPY | 12678398 | 36466561 | 49144959 | .455217 | .455217 | .456176 50 |
| 51 OCCUPATIONAL THERAPY | 7480240 | 1093962 | 8574202 | .359760 | .359760 | .359760 51 |
| 52 SPEECH PATHOLOGY | 2129456 | 362035 | 2491491 | .339523 | .339523 | .339523 52 |
| 53 ELECTROCARDIOLOGY | 30579652 | 54452611 | 85032263 | .120046 | .120046 | .120265 53 |
| 55 MEDICAL SUPPLIES CHARGED TO | 62706571 | 37062431 | 99769002 | .324564 | .324564 | .324564 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | 103194057 | 40546457 | 143740514 | .455401 | .455401 | .455401 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 88724892 | 175621424 | 264346316 | .408802 | .408802 | .408802 56 |
| 57 RENAL DIALYSIS | 3345231 | 16873702 | 20218933 | .341609 | .341609 | .341609 57 |
| 58 ASC (NON-DISTINCT PART) | 153568 | 13004310 | 13157878 | .781550 | .781550 | .781550 58 |
| 58.01 CARDIAC CATHETER LAB | 31800949 | 32014421 | 63815370 | .094776 | .094776 | .094776 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1368 | 1762987 | 1764355 | .860996 | .860996 | .860996 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 113612 | 50554175 | 50667787 | 1.289121 | 1.289121 | 1.289121 60 |
| 60.02 GASTRO-INTESTINAL UNIT | 5321567 | 50810186 | 56131753 | .204557 | .204557 | .204557 60.02 |
| 60.03 CANCER CARE CENTER | 288086 | 21787122 | 22075208 | .600142 | .600142 | .600142 60.03 |
| 61 EMERGENCY | 52983685 | 96951149 | 149934834 | .194422 | .194422 | .194515 61 |
| 61.01 DENTAL CLINIC | 21763 | 1515438 | 1537201 | .531373 | .531373 | .531373 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 3074 | 1643391 | 1646465 | 1.298309 | 1.298309 | 1.298309 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | 2447742 | 2447742 | .591518 | .591518 | .596709 61.03 |
| 61.06 OP CHAPMAN CENTER | 603918 | 7800384 | 8404302 | .604872 | .604872 | .606479 61.06 |
| 62 OBSERVATION BEDS (NON-DISTI | | 22109885 | 22109885 | .575923 | .575923 | .575923 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 1132531526 | 1406207171 | 2538738697 | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 1132531526 | 1406207171 | 2538738697 | | | 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 |
| 25 INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 12271627 | | 12271627 |
| 26 INTENSIVE CARE UNIT | | | | 2122964 | | 2122964 |
| 27 CORONARY CARE UNIT | | | | 811325 | | 811325 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | 889666 | | 889666 |
| 27.02 ISCU | | | | 1226625 | | 1226625 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | 828066 | | 828066 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | 428416 | | 428416 |
| 33 NURSERY | | | | 230738 | | 230738 |
| 101 TOTAL | | | | 18809427 | | 18809427 |

| 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 |
| 25 INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | 124106 | 55149 | | | 98.88 | 5453133 |
| 26 INTENSIVE CARE UNIT | 9074 | 5401 | | | 233.96 | 1263618 |
| 27 CORONARY CARE UNIT | 7842 | 5147 | | | 103.46 | 532509 |
| 27.01 INTENSIVE CARE UNIT - GB | 3935 | 2726 | | | 226.09 | 616321 |
| 27.02 ISCU | 12293 | | | | 99.78 | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | 8518 | 1787 | | | 97.21 | 173714 |
| 31.01 SUBPROVIDER 2 - REHAB | 5203 | 3306 | | | 82.34 | 272216 |
| 33 NURSERY | 10530 | | | | 21.91 | |
| 101 TOTAL | 181501 | 73516 | | | | 8311511 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | [] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX | [XX] HOSPITAL (14-0010) [] SUB I [] SUB II | [] SUB III [] SUB IV | [XX] PPS [] TEFRA | | | | | | | | | |
|------------------------------|---|--|---------------------------|-----------------------|--|-------------------------------------|--|-----------------------|--------------------------------------|--|--|-----------------------|-----------------------|
| | | | | | | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | ---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5 | ---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7 | CAPITAL COSTS 6 | CAPITAL COSTS 8 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | |
| 37 | | | | | | | 8561539 | 246525507 | 44995696 | | .034729 | 1562656 | 37 |
| 39 | | | | | | | 2011380 | 44877394 | 153331 | | .044819 | 6872 | 39 |
| 41 | | | | | | | 6449829 | 152558672 | 16787423 | | .042278 | 709739 | 41 |
| 42 | | | | | | | 2783801 | 53113645 | 1164941 | | .052412 | 61057 | 42 |
| 43 | | | | | | | 1062353 | 39849708 | 2885384 | | .026659 | 76921 | 43 |
| 43.01 | | | | | | | 4293921 | 287834457 | 35241191 | | .014918 | 525728 | 43.01 |
| 44 | | | | | | | 3900128 | 296190365 | 72746100 | | .013168 | 957921 | 44 |
| 44.01 | | | | | | | 204724 | 18293687 | 4525478 | | .011191 | 50645 | 44.01 |
| 46.30 | | | | | | | | | | | | | 46.30 |
| 47 | | | | | | | 213261 | 9421941 | 3134783 | | .022635 | 70956 | 47 |
| 48 | | | | | | | 129118 | 5229812 | 2857701 | | .024689 | 70554 | 48 |
| 49 | | | | | | | 512637 | 38261916 | 14732446 | | .013398 | 197385 | 49 |
| 50 | | | | | | | 1576152 | 49144959 | 6855835 | | .032071 | 219873 | 50 |
| 51 | | | | | | | 173583 | 8574202 | 3231318 | | .020245 | 65418 | 51 |
| 52 | | | | | | | 38650 | 2491491 | 1221729 | | .015513 | 18953 | 52 |
| 53 | | | | | | | 1701339 | 85032263 | 21375518 | | .020008 | 427681 | 53 |
| 55 | | | | | | | 1356926 | 99769002 | 29664283 | | .013601 | 403464 | 55 |
| 55.30 | | | | | | | 2737584 | 143740514 | 51468193 | | .019045 | 980212 | 55.30 |
| 56 | | | | | | | 3648065 | 264346316 | 43155740 | | .013800 | 595549 | 56 |
| 57 | | | | | | | 648479 | 20218933 | 2524187 | | .032073 | 80958 | 57 |
| 58 | | | | | | | 1049278 | 13157878 | 97141 | | .079745 | 7747 | 58 |
| 58.01 | | | | | | | 915627 | 63815370 | 21601264 | | .014348 | 309935 | 58.01 |
| 59 | | | | | | | | | | | | | 59 |
| 59.97 | | | | | | | 238182 | 1764355 | 1226 | | .134997 | 166 | 59.97 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | |
| 60 | | | | | | | 3446495 | 50667787 | 102830 | | .068021 | 6995 | 60 |
| 60.02 | | | | | | | 2171612 | 56131753 | 3390058 | | .038688 | 131155 | 60.02 |
| 60.03 | | | | | | | 2042962 | 22075208 | 177164 | | .092546 | 16396 | 60.03 |
| 61 | | | | | | | 2228717 | 149934834 | 30026633 | | .014865 | 446346 | 61 |
| 61.01 | | | | | | | 75203 | 1537201 | 11158 | | .048922 | 546 | 61.01 |
| 61.02 | | | | | | | 261171 | 1646465 | 227 | | .158625 | 36 | 61.02 |
| 61.03 | | | | | | | 72124 | 2447742 | | | .029466 | | 61.03 |
| 61.06 | | | | | | | 448447 | 8404302 | 30367 | | .053359 | 1620 | 61.06 |
| 62 | | | | | | | 1376494 | 22109885 | | | .062257 | | 62 |
| 63.50 | | | | | | | | | | | | | 63.50 |
| 63.60 | | | | | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 101 | | | | | | | 56329781 | 2259167564 | 414159345 | | | 8003484 | 101 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | NURSING | ALLIED | ALL OTHER | SWING-BED | TOTAL |
|---------------------------------|--------------|---------|--------|-----------|------------|-------|
| | ANESTHETIST | SCHOOL | HEALTH | MEDICAL | ADJUSTMENT | COSTS |
| | COST | COST | COSTS | COSTS | AMOUNT | COSTS |
| | 1 | 2 | 2.01 | 2.02 | 3 | 4 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | | | 27.01 |
| 27.02 ISCU | | | | | | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | 30 |
| 31 SUBPROVIDER 1 | | | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | | | 31.01 |
| 33 NURSERY | | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | | 34 |
| 35 NURSING FACILITY | | | | | | 35 |
| 101 TOTAL | | | | | | 101 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | TOTAL | PER | INPATIENT | INPATIENT | |
|---------------------------------|---------|------|-----------|-----------|-------|
| | PATIENT | | PROGRAM | PROGRAM | |
| | DAYS | DIEM | DAYS | PASS THRU | |
| | 5 | 6 | 7 | 8 | |
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 25 ADULTS & PEDIATRICS | 124106 | | 55149 | | 25 |
| 26 INTENSIVE CARE UNIT | 9074 | | 5401 | | 26 |
| 27 CORONARY CARE UNIT | 7842 | | 5147 | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 3935 | | 2726 | | 27.01 |
| 27.02 ISCU | 12293 | | | | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | 30 |
| 31 SUBPROVIDER 1 | 8518 | | 1787 | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | 5203 | | 3306 | | 31.01 |
| 33 NURSERY | 10530 | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 34 |
| 35 NURSING FACILITY | | | | | 35 |
| 101 TOTAL | 181501 | | 73516 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | | NURSING SCHOOL COST | ALLIED HEALTH COSTS | ALL OTHER | | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|---------------------|---------------------|-------------------------|---|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | | | MEDICAL EDUCATION COSTS | ADMINISTERING BLOOD CLOTTING FACTORS COST | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | 33632 | | | 33632 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | 43.01 |
| 44 LABORATORY | | | | 164071 | | | 164071 44 |
| 44.01 VASCULAR LAB | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 227455 | | | 227455 56 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | 425158 | | | 425158 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 | | |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|-------|--|
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | 33632 | 246525507 | .000136 | .000136 | 44995696 | 6119 | 25478480 | 37 | |
| 39 DELIVERY ROOM & LABOR ROOM | | 44877394 | | | 153331 | | 34404 | 39 | |
| 41 RADIOLOGY-DIAGNOSTIC | | 152558672 | | | 16787423 | | 31604768 | 41 | |
| 42 RADIOLOGY-THERAPEUTIC | | 53113645 | | | 1164941 | | 23799411 | 42 | |
| 43 RADIOISOTOPE | | 39849708 | | | 2885384 | | 15549518 | 43 | |
| 43.01 CAT SCAN | | 287834457 | | | 35241191 | | 71923166 | 43.01 | |
| 44 LABORATORY | 164071 | 296190365 | .000554 | .000554 | 72746100 | 40301 | 11523544 | 44 | |
| 44.01 VASCULAR LAB | | 18293687 | | | 4525478 | | 5278030 | 44.01 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | 9421941 | | | 3134783 | | 1087181 | 46.30 | |
| 47 BLOOD STORING, PROCESSING & T | | 5229812 | | | 2857701 | | 136200 | 47 | |
| 48 INTRAVENOUS THERAPY | | 38261916 | | | 14732446 | | 1299731 | 48 | |
| 49 RESPIRATORY THERAPY | | 49144959 | | | 6855835 | | 10854582 | 49 | |
| 50 PHYSICAL THERAPY | | 8574202 | | | 3231318 | | 520802 | 50 | |
| 51 OCCUPATIONAL THERAPY | | 2491491 | | | 1221729 | | 237726 | 51 | |
| 52 SPEECH PATHOLOGY | | 85032263 | | | 21375518 | | 25110068 | 52 | |
| 53 ELECTROCARDIOLOGY | | 99769002 | | | 29664283 | | 13187002 | 53 | |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 143740514 | | | 51468193 | | 18591985 | 55 | |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 264346316 | .000860 | .000860 | 43155740 | 37114 | 69275189 | 55.30 | |
| 56 DRUGS CHARGED TO PATIENTS | 227455 | 20218933 | | | 2524187 | | 2353664 | 56 | |
| 57 RENAL DIALYSIS | | 13157878 | | | 97141 | | 3811866 | 57 | |
| 58 ASC (NON-DISTINCT PART) | | 63815370 | | | 21601264 | | 16017959 | 58 | |
| 58.01 CARDIAC CATHETER LAB | | | | | | | | 58.01 | |
| 59 BLANK | | 1764355 | | | 1226 | | 964066 | 59 | |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 50667787 | | | 102830 | | 31734782 | 60 | |
| 60.02 GASTRO-INTESTINAL UNIT | | 56131753 | | | 3390058 | | 16723219 | 60.02 | |
| 60.03 CANCER CARE CENTER | | 22075208 | | | 177164 | | 12125602 | 60.03 | |
| 61 EMERGENCY | | 149934834 | | | 30026633 | | 21909715 | 61 | |
| 61.01 DENTAL CLINIC | | 1537201 | | | 11158 | | 5576 | 61.01 | |
| 61.02 CHILD & ADOLESCENT CTR. | | 1646465 | | | 227 | | 127 | 61.02 | |
| 61.03 ADOLESCENT DAY HOSP. | | 2447742 | | | | | | 61.03 | |
| 61.06 OP CHAPMAN CENTER | | 8404302 | | | 30367 | | 715752 | 61.06 | |
| 62 OBSERVATION BEDS (NON-DISTINC | | 22109885 | | | | | | 62 | |
| 63.50 RHC | | | | | | | | 63.50 | |
| 63.60 FQHC | | | | | | | | 63.60 | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | 425158 | 2259167564 | | | 414159345 | 83534 | 431854115 | 101 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 |
|-------------------------------------|---------------------------------|---------------------------------|---|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | 3465 | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 CAT SCAN | | | | | 43.01 |
| 44 LABORATORY | | | 6384 | | 44 |
| 44.01 VASCULAR LAB | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | 59577 | | 56 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | 58.01 |
| 59 BLANK | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | 60.03 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | 69426 | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .218738 | .218738 | .218738 | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | .411775 | .411775 | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .280128 | .280128 | .280128 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .208739 | .208739 | .208739 | | | 42 |
| 43 RADIOISOTOPE | .188402 | .188402 | .188402 | | | 43 |
| 43.01 CAT SCAN | .065968 | .065968 | .065968 | | | 43.01 |
| 44 LABORATORY | .180309 | .180309 | .180309 | | | 44 |
| 44.01 VASCULAR LAB | .113400 | .113400 | .113400 | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | .329614 | .329614 | | | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | .637910 | .637910 | | | 48 |
| 49 RESPIRATORY THERAPY | .236731 | .236731 | .236731 | | | 49 |
| 50 PHYSICAL THERAPY | .455217 | .455217 | .455217 | | | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | .359760 | .359760 | | | 51 |
| 52 SPEECH PATHOLOGY | .339523 | .339523 | .339523 | | | 52 |
| 53 ELECTROCARDIOLOGY | .120046 | .120046 | .120046 | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | .324564 | .324564 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | .455401 | .455401 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | .408802 | .408802 | | | 56 |
| 57 RENAL DIALYSIS | .341609 | .341609 | .341609 | | | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | .781550 | .781550 | | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | .094776 | .094776 | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | .860996 | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 1.289121 | 1.289121 | 1.289121 | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | .204557 | .204557 | | | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | .600142 | .600142 | | | 60.03 |
| 61 EMERGENCY | .194422 | .194422 | .194422 | | | 61 |
| 61.01 DENTAL CLINIC | .531373 | .531373 | .531373 | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | 1.298309 | 1.298309 | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .591518 | .591518 | .591518 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .604872 | .604872 | .604872 | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | .575923 | .575923 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 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 | .408802 | 1 |
| 2 PROGRAM VACCINE CHARGES | 2 | 447149 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | 2.01 | | 2.01 |
| 3 PROGRAM COSTS | 3 | 182795 | 3 |
| 3.01 PROGRAM COSTS | 3.01 | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|---------------------------------------|-----------------|---------------|---------------|---------------|---------------|--------------------------------|----------------------|-----------------------------|
| | ALL OTHER (1) | PPS SER-VICES | ALL OTHER | PPS SER-VICES | PPS SER-VICES | OUTPATIENT AMBULATORY SURGICAL | OUTPATIENT RADIOLOGY | OTHER OUTPATIENT DIAGNOSTIC |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | CENTER | | |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 25478480 | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 34404 | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 31604768 | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 23799411 | | | | | | 42 |
| 43 RADIOISOTOPE | | 15549518 | | | | | | 43 |
| 43.01 CAT SCAN | | 71923166 | | | | | | 43.01 |
| 44 LABORATORY | | 11523544 | 9419 | | | | | 44 |
| 44.01 VASCULAR LAB | | 5278030 | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TR | | 1087181 | 12361 | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | 136200 | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 1299731 | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 10854582 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | 520802 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 237726 | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 25110068 | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 13187002 | 942 | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 18591985 | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 69275189 | 23397 | | | | | 56 |
| 57 RENAL DIALYSIS | | 2353664 | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | 3811866 | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | 16017959 | | | | | | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 964066 | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 31734782 | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 16723219 | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | 12125602 | | | | | | 60.03 |
| 61 EMERGENCY | | 21909715 | | | | | | 61 |
| 61.01 DENTAL CLINIC | | 5576 | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 127 | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 715752 | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56) | | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56) | | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56) | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 431854115 | 46119 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 431854115 | 46119 | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL | |
|---|------------------------------|---|--|---|---|---|--|
| | ALL OTHER (COLS 1x5) 9 | PPS SERVICES (COLUMNS 1.01x5.01) 9.01 | ALL OTHER (COLUMNS 1.01x5.02) 9.02 | PPS SERVICES (COLUMNS 1.01x5.03) 9.03 | PPS SERVICES (COLUMNS 1.01x5.04) 9.04 | I/P PART B CHARGES (SEE INSTRU.) 10 | I/P PART B COST (COLUMNS 1.02x10) 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 5573112 | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 14167 | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 8853380 | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 4967865 | | | | | 42 |
| 43 RADIOISOTOPE | | 2929560 | | | | | 43 |
| 43.01 CAT SCAN | | 4744627 | | | | | 43.01 |
| 44 LABORATORY | | 2077799 | 1698 | | | | 44 |
| 44.01 VASCULAR LAB | | 598529 | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | | 358350 | 4074 | | | | 47 |
| 48 INTRAVENOUS THERAPY | | 86883 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 307687 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 4941190 | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | 187364 | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 80713 | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 3014363 | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 4280026 | 306 | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 8466809 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 28319836 | 9565 | | | | 56 |
| 57 RENAL DIALYSIS | | 804033 | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | 2979164 | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | 1518118 | | | | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS | | 830057 | | | | | 59.97 |
| 60 CLINIC | | 40909974 | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 3420852 | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | 7277083 | | | | | 60.03 |
| 61 EMERGENCY | | 4259731 | | | | | 61 |
| 61.01 DENTAL CLINIC | | 2963 | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 165 | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 432938 | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.03 |
| 101 SUBTOTAL | | 142237338 | 15643 | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | 142237338 | 15643 | | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

| COST CENTER DESCRIPTION | OLD | NEW | INPATIENT PROGRAM CHARGES | OLD CAPITAL | | NEW CAPITAL | | | |
|-------------------------------------|----------------------|----------------------|---------------------------|---------------|--------------------------|---------------|--------------------------|---------------|-------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | TOTAL CHARGES | 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 | | 8561539 | 246525507 | 60826 | | | .034729 | 2112 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 2011380 | 44877394 | | | | .044819 | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 6449829 | 152558672 | 26251 | | | .042278 | 1110 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 2783801 | 53113645 | 9168 | | | .052412 | 481 | 42 |
| 43 RADIOISOTOPE | | 1062353 | 39849708 | 9248 | | | .026659 | 247 | 43 |
| 43.01 CAT SCAN | | 4293921 | 287834457 | 104613 | | | .014918 | 1561 | 43.01 |
| 44 LABORATORY | | 3900128 | 296190365 | 501987 | | | .013168 | 6610 | 44 |
| 44.01 VASCULAR LAB | | 204724 | 18293687 | 9209 | | | .011191 | 103 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | 213261 | 9421941 | 908 | | | .022635 | 21 | 47 |
| 48 INTRAVENOUS THERAPY | | 129118 | 5229812 | 1154 | | | .024689 | 28 | 48 |
| 49 RESPIRATORY THERAPY | | 512637 | 38261916 | 34585 | | | .013398 | 463 | 49 |
| 50 PHYSICAL THERAPY | | 1576152 | 49144959 | 21214 | | | .032071 | 680 | 50 |
| 51 OCCUPATIONAL THERAPY | | 173583 | 8574202 | 45939 | | | .020245 | 930 | 51 |
| 52 SPEECH PATHOLOGY | | 38650 | 2491491 | 1456 | | | .015513 | 23 | 52 |
| 53 ELECTROCARDIOLOGY | | 1701339 | 85032263 | 34901 | | | .020008 | 698 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 1356926 | 99769002 | 11106 | | | .013601 | 151 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 2737584 | 143740514 | | | | .019045 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 3648065 | 264346316 | 427837 | | | .013800 | 5904 | 56 |
| 57 RENAL DIALYSIS | | 648479 | 20218933 | 2320 | | | .032073 | 74 | 57 |
| 58 ASC (NON-DISTINCT PART) | | 1049278 | 13157878 | | | | .079745 | | 58 |
| 58.01 CARDIAC CATHETER LAB | | 915627 | 63815370 | | | | .014348 | | 58.01 |
| 59 BLANK | | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 238182 | 1764355 | | | | .134997 | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 3446495 | 50667787 | 1094 | | | .068021 | 74 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 2171612 | 56131753 | 10471 | | | .038688 | 405 | 60.02 |
| 60.03 CANCER CARE CENTER | | 2042962 | 22075208 | 292 | | | .092546 | 27 | 60.03 |
| 61 EMERGENCY | | 2228717 | 149934834 | 267841 | | | .014865 | 3981 | 61 |
| 61.01 DENTAL CLINIC | | 75203 | 1537201 | | | | .048922 | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 261171 | 1646465 | | | | .158625 | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | 72124 | 2447742 | | | | .029466 | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 448447 | 8404302 | 73657 | | | .053359 | 3930 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1376494 | 22109885 | | | | .062257 | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | | 56329781 | 2259167564 | 1656077 | | | | 29613 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | | NURSING SCHOOL COST | ALLIED HEALTH COSTS | ALL OTHER | | | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|---------------------|---------------------|-------------------------|---|--------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | | | MEDICAL EDUCATION COSTS | ADMINISTERING BLOOD CLOTTING FACTORS COST | 3 | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | | | 33632 | | | 33632 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | | 43.01 |
| 44 LABORATORY | | | | 164071 | | | 164071 | 44 |
| 44.01 VASCULAR LAB | | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 227455 | | | 227455 | 56 |
| 57 RENAL DIALYSIS | | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | | | 425158 | | | 425158 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 | | |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|-------|--|
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | 33632 | 246525507 | .000136 | .000136 | 60826 | 8 | 20564 | 37 | |
| 39 DELIVERY ROOM & LABOR ROOM | | 44877394 | | | | | | 39 | |
| 41 RADIOLOGY-DIAGNOSTIC | | 152558672 | | | 26251 | | | 41 | |
| 42 RADIOLOGY-THERAPEUTIC | | 53113645 | | | 9168 | | | 42 | |
| 43 RADIOISOTOPE | | 39849708 | | | 9248 | | | 43 | |
| 43.01 CAT SCAN | | 287834457 | | | 104613 | | | 43.01 | |
| 44 LABORATORY | 164071 | 296190365 | .000554 | .000554 | 501987 | 278 | | 44 | |
| 44.01 VASCULAR LAB | | 18293687 | | | 9209 | | | 44.01 | |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 | |
| 47 BLOOD STORING, PROCESSING & T | | 9421941 | | | 908 | | | 47 | |
| 48 INTRAVENOUS THERAPY | | 5229812 | | | 1154 | | | 48 | |
| 49 RESPIRATORY THERAPY | | 38261916 | | | 34585 | | | 49 | |
| 50 PHYSICAL THERAPY | | 49144959 | | | 21214 | | 3434 | 50 | |
| 51 OCCUPATIONAL THERAPY | | 8574202 | | | 45939 | | | 51 | |
| 52 SPEECH PATHOLOGY | | 2491491 | | | 1456 | | | 52 | |
| 53 ELECTROCARDIOLOGY | | 85032263 | | | 34901 | | | 53 | |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 99769002 | | | 11106 | | | 55 | |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 143740514 | | | | | | 55.30 | |
| 56 DRUGS CHARGED TO PATIENTS | 227455 | 264346316 | .000860 | .000860 | 427837 | 368 | 33793 | 56 | |
| 57 RENAL DIALYSIS | | 20218933 | | | 2320 | | | 57 | |
| 58 ASC (NON-DISTINCT PART) | | 13157878 | | | | | | 58 | |
| 58.01 CARDIAC CATHETER LAB | | 63815370 | | | | | | 58.01 | |
| 59 BLANK | | | | | | | | 59 | |
| 59.97 CARDIAC REHABILITATION | | 1764355 | | | | | | 59.97 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 50667787 | | | 1094 | | | 60 | |
| 60.02 GASTRO-INTESTINAL UNIT | | 56131753 | | | 10471 | | | 60.02 | |
| 60.03 CANCER CARE CENTER | | 22075208 | | | 292 | | | 60.03 | |
| 61 EMERGENCY | | 149934834 | | | 267841 | | | 61 | |
| 61.01 DENTAL CLINIC | | 1537201 | | | | | | 61.01 | |
| 61.02 CHILD & ADOLESCENT CTR. | | 1646465 | | | | | | 61.02 | |
| 61.03 ADOLESCENT DAY HOSP. | | 2447742 | | | | | | 61.03 | |
| 61.06 OP CHAPMAN CENTER | | 8404302 | | | 73657 | | 372863 | 61.06 | |
| 62 OBSERVATION BEDS (NON-DISTINC | | 22109885 | | | | | | 62 | |
| 63.50 RHC | | | | | | | | 63.50 | |
| 63.60 FQHC | | | | | | | | 63.60 | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | 425158 | 2259167564 | | | 1656077 | 654 | 430654 | 101 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 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 | | | 3 | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 CAT SCAN | | | | | 43.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | 29 | | 56 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | 58.01 |
| 59 BLANK | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | 60.03 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | 32 | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .218738 | .218738 | .218738 | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | .411775 | .411775 | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .280128 | .280128 | .280128 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .208739 | .208739 | .208739 | | | 42 |
| 43 RADIOISOTOPE | .188402 | .188402 | .188402 | | | 43 |
| 43.01 CAT SCAN | .065968 | .065968 | .065968 | | | 43.01 |
| 44 LABORATORY | .180309 | .180309 | .180309 | | | 44 |
| 44.01 VASCULAR LAB | .113400 | .113400 | .113400 | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | .329614 | .329614 | | | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | .637910 | .637910 | | | 48 |
| 49 RESPIRATORY THERAPY | .236731 | .236731 | .236731 | | | 49 |
| 50 PHYSICAL THERAPY | .455217 | .455217 | .455217 | | | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | .359760 | .359760 | | | 51 |
| 52 SPEECH PATHOLOGY | .339523 | .339523 | .339523 | | | 52 |
| 53 ELECTROCARDIOLOGY | .120046 | .120046 | .120046 | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | .324564 | .324564 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | .455401 | .455401 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | .408802 | .408802 | | | 56 |
| 57 RENAL DIALYSIS | .341609 | .341609 | .341609 | | | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | .781550 | .781550 | | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | .094776 | .094776 | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | .860996 | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 1.289121 | 1.289121 | 1.289121 | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | .204557 | .204557 | | | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | .600142 | .600142 | | | 60.03 |
| 61 EMERGENCY | .194422 | .194422 | .194422 | | | 61 |
| 61.01 DENTAL CLINIC | .531373 | .531373 | .531373 | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | 1.298309 | 1.298309 | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .591518 | .591518 | .591518 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .604872 | .604872 | .604872 | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | .575923 | .575923 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 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 | 1 |
| 2 PROGRAM VACCINE CHARGES | .408802 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | 2.01 |
| 3 PROGRAM COSTS | | 3 |
| 3.01 PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--------------------------------------|--------------------------------|------------------------------------|----------------------------|------------------------------------|------------------------------------|--|-------------------------|--------------------------|
| | ALL OTHER (1) (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | ALL OTHER (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 20564 | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | | 43.01 |
| 44 LABORATORY | | | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TR | | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 3434 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 33793 | | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 372863 | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 430654 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 430654 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL |
|---|-------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|---|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | 4498 | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | 43.01 |
| 44 LABORATORY | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 1563 | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 13815 | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 225534 | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.03 |
| 101 SUBTOTAL | | 245410 | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | 245410 | | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

| COST CENTER DESCRIPTION | OLD | NEW | INPATIENT PROGRAM CHARGES | OLD CAPITAL | | NEW CAPITAL | | |
|-------------------------------------|----------------------|----------------------|---------------------------|---------------|--------------------------|---------------|--------------------------|---------------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | TOTAL CHARGES | 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 | | 8561539 | 246525507 | | | | .034729 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 2011380 | 44877394 | | | | .044819 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 6449829 | 152558672 | 142129 | | | .042278 | 6009 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 2783801 | 53113645 | 114389 | | | .052412 | 5995 42 |
| 43 RADIOISOTOPE | | 1062353 | 39849708 | 11366 | | | .026659 | 303 43 |
| 43.01 CAT SCAN | | 4293921 | 287834457 | 316813 | | | .014918 | 4726 43.01 |
| 44 LABORATORY | | 3900128 | 296190365 | 713126 | | | .013168 | 9390 44 |
| 44.01 VASCULAR LAB | | 204724 | 18293687 | 148988 | | | .011191 | 1667 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | 213261 | 9421941 | 23534 | | | .022635 | 533 47 |
| 48 INTRAVENOUS THERAPY | | 129118 | 5229812 | 42241 | | | .024689 | 1043 48 |
| 49 RESPIRATORY THERAPY | | 512637 | 38261916 | 209002 | | | .013398 | 2800 49 |
| 50 PHYSICAL THERAPY | | 1576152 | 49144959 | 1287012 | | | .032071 | 41276 50 |
| 51 OCCUPATIONAL THERAPY | | 173583 | 8574202 | 1299897 | | | .020245 | 26316 51 |
| 52 SPEECH PATHOLOGY | | 38650 | 2491491 | 316077 | | | .015513 | 4903 52 |
| 53 ELECTROCARDIOLOGY | | 1701339 | 85032263 | 57171 | | | .020008 | 1144 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 1356926 | 99769002 | 123150 | | | .013601 | 1675 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 2737584 | 143740514 | 9523 | | | .019045 | 181 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 3648065 | 264346316 | 1052344 | | | .013800 | 14522 56 |
| 57 RENAL DIALYSIS | | 648479 | 20218933 | 59213 | | | .032073 | 1899 57 |
| 58 ASC (NON-DISTINCT PART) | | 1049278 | 13157878 | | | | .079745 | 58 |
| 58.01 CARDIAC CATHETER LAB | | 915627 | 63815370 | | | | .014348 | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 238182 | 1764355 | | | | .134997 | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 3446495 | 50667787 | 300 | | | .068021 | 20 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 2171612 | 56131753 | | | | .038688 | 60.02 |
| 60.03 CANCER CARE CENTER | | 2042962 | 22075208 | | | | .092546 | 60.03 |
| 61 EMERGENCY | | 2228717 | 149934834 | 3716 | | | .014865 | 55 61 |
| 61.01 DENTAL CLINIC | | 75203 | 1537201 | | | | .048922 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 261171 | 1646465 | | | | .158625 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | 72124 | 2447742 | | | | .029466 | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 448447 | 8404302 | 1353 | | | .053359 | 72 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1376494 | 22109885 | | | | .062257 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 56329781 | 2259167564 | 5931344 | | | | 124529 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | | NURSING SCHOOL COST | ALLIED HEALTH COSTS | ALL OTHER | | | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|---------------------|---------------------|-------------------------|---|--------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | | | MEDICAL EDUCATION COSTS | ADMINISTERING BLOOD CLOTTING FACTORS COST | 3 | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | | | 33632 | | | 33632 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | | 43.01 |
| 44 LABORATORY | | | | 164071 | | | 164071 | 44 |
| 44.01 VASCULAR LAB | | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 227455 | | | 227455 | 56 |
| 57 RENAL DIALYSIS | | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | | | 425158 | | | 425158 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 | | |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|-------|--|
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | 33632 | 246525507 | .000136 | .000136 | | | 11875 | 37 | |
| 39 DELIVERY ROOM & LABOR ROOM | | 44877394 | | | | | | 39 | |
| 41 RADIOLOGY-DIAGNOSTIC | | 152558672 | | | | | 523 | 41 | |
| 42 RADIOLOGY-THERAPEUTIC | | 53113645 | | | 142129 | | | 42 | |
| 43 RADIOISOTOPE | | 39849708 | | | 11366 | | | 43 | |
| 43.01 CAT SCAN | | 287834457 | | | 316813 | | 1574 | 43.01 | |
| 44 LABORATORY | 164071 | 296190365 | .000554 | .000554 | 713126 | 395 | 1172 | 44 | |
| 44.01 VASCULAR LAB | | 18293687 | | | 148988 | | | 44.01 | |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 | |
| 47 BLOOD STORING, PROCESSING & T | | 9421941 | | | 23534 | | | 47 | |
| 48 INTRAVENOUS THERAPY | | 5229812 | | | 42241 | | | 48 | |
| 49 RESPIRATORY THERAPY | | 38261916 | | | 209002 | | | 49 | |
| 50 PHYSICAL THERAPY | | 49144959 | | | 1287012 | | | 50 | |
| 51 OCCUPATIONAL THERAPY | | 8574202 | | | 1299897 | | | 51 | |
| 52 SPEECH PATHOLOGY | | 2491491 | | | 316077 | | | 52 | |
| 53 ELECTROCARDIOLOGY | | 85032263 | | | 57171 | | | 53 | |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 99769002 | | | 123150 | | 35810 | 55 | |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 143740514 | | | 9523 | | | 55.30 | |
| 56 DRUGS CHARGED TO PATIENTS | 227455 | 264346316 | .000860 | .000860 | 1052344 | 905 | 395 | 56 | |
| 57 RENAL DIALYSIS | | 20218933 | | | 59213 | | | 57 | |
| 58 ASC (NON-DISTINCT PART) | | 13157878 | | | | | | 58 | |
| 58.01 CARDIAC CATHETER LAB | | 63815370 | | | | | | 58.01 | |
| 59 BLANK | | | | | | | | 59 | |
| 59.97 CARDIAC REHABILITATION | | 1764355 | | | | | | 59.97 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 50667787 | | | 300 | | | 60 | |
| 60.02 GASTRO-INTESTINAL UNIT | | 56131753 | | | | | | 60.02 | |
| 60.03 CANCER CARE CENTER | | 22075208 | | | | | | 60.03 | |
| 61 EMERGENCY | | 149934834 | | | 3716 | | | 61 | |
| 61.01 DENTAL CLINIC | | 1537201 | | | | | | 61.01 | |
| 61.02 CHILD & ADOLESCENT CTR. | | 1646465 | | | | | | 61.02 | |
| 61.03 ADOLESCENT DAY HOSP. | | 2447742 | | | | | | 61.03 | |
| 61.06 OP CHAPMAN CENTER | | 8404302 | | | 1353 | | | 61.06 | |
| 62 OBSERVATION BEDS (NON-DISTINC | | 22109885 | | | | | | 62 | |
| 63.50 RHC | | | | | | | | 63.50 | |
| 63.60 FQHC | | | | | | | | 63.60 | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | 425158 | 2259167564 | | | 5931344 | 1300 | 51349 | 101 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 |
|-------------------------------------|---------------------------------|---------------------------------|---|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | 2 | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 CAT SCAN | | | | | 43.01 |
| 44 LABORATORY | | | 1 | | 44 |
| 44.01 VASCULAR LAB | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | 58.01 |
| 59 BLANK | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | 60.03 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | 3 | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .218738 | .218738 | .218738 | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | .411775 | .411775 | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .280128 | .280128 | .280128 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .208739 | .208739 | .208739 | | | 42 |
| 43 RADIOISOTOPE | .188402 | .188402 | .188402 | | | 43 |
| 43.01 CAT SCAN | .065968 | .065968 | .065968 | | | 43.01 |
| 44 LABORATORY | .180309 | .180309 | .180309 | | | 44 |
| 44.01 VASCULAR LAB | .113400 | .113400 | .113400 | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | .329614 | .329614 | | | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | .637910 | .637910 | | | 48 |
| 49 RESPIRATORY THERAPY | .236731 | .236731 | .236731 | | | 49 |
| 50 PHYSICAL THERAPY | .455217 | .455217 | .455217 | | | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | .359760 | .359760 | | | 51 |
| 52 SPEECH PATHOLOGY | .339523 | .339523 | .339523 | | | 52 |
| 53 ELECTROCARDIOLOGY | .120046 | .120046 | .120046 | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | .324564 | .324564 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | .455401 | .455401 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | .408802 | .408802 | | | 56 |
| 57 RENAL DIALYSIS | .341609 | .341609 | .341609 | | | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | .781550 | .781550 | | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | .094776 | .094776 | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | .860996 | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 1.289121 | 1.289121 | 1.289121 | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | .204557 | .204557 | | | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | .600142 | .600142 | | | 60.03 |
| 61 EMERGENCY | .194422 | .194422 | .194422 | | | 61 |
| 61.01 DENTAL CLINIC | .531373 | .531373 | .531373 | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | 1.298309 | 1.298309 | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .591518 | .591518 | .591518 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .604872 | .604872 | .604872 | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | .575923 | .575923 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 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 | 1 |
| 2 PROGRAM VACCINE CHARGES | .408802 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | 2.01 |
| 3 PROGRAM COSTS | | 3 |
| 3.01 PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--------------------------------------|-----------------|---------------|---------------|---------------|---------------|---------------------------------------|----------------------|-----------------------|
| | ALL OTHER (1) | PPS SER-VICES | ALL OTHER | PPS SER-VICES | PPS SER-VICES | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | 6 | 7 | 8 |
| 37 ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 11875 | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 523 | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | | 43 |
| 43.01 CAT SCAN | | 1574 | | | | | | 43.01 |
| 44 LABORATORY | | 1172 | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TR | | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 35810 | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 395 | | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | | 58.01 |
| 59 BLANK | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 60 OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| 65 OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 51349 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 51349 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL |
|---|-------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|---|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | 2598 | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 147 | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | 43 |
| 43.01 CAT SCAN | | 104 | | | | 43.01 |
| 44 LABORATORY | | 211 | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 11623 | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 161 | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | 65.03 |
| 101 SUBTOTAL | | 14844 | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | 14844 | | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | | NURSING SCHOOL COST | ALL OTHER | | | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|---------------------|--------------|-------------------------|---|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | | HEALTH COSTS | MEDICAL EDUCATION COSTS | ADMINISTERING BLOOD CLOTTING FACTORS COST | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | 43.01 |
| 44 LABORATORY | | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|---------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | CHARGES |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | 43.01 |
| 44 LABORATORY | | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 |
|-------------------------------------|---------------------------------|---------------------------------|---|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 CAT SCAN | | | | | 43.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | 58.01 |
| 59 BLANK | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | 60.03 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-------|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 12271627 | | 12271627 | 25 |
| 26 INTENSIVE CARE UNIT | | | | 2122964 | | 2122964 | 26 |
| 27 CORONARY CARE UNIT | | | | 811325 | | 811325 | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | 889666 | | 889666 | 27.01 |
| 27.02 ISCU | | | | 1226625 | | 1226625 | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | 828066 | | 828066 | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | 428416 | | 428416 | 31.01 |
| 33 NURSERY | | | | 230738 | | 230738 | 33 |
| 101 TOTAL | | | | 18809427 | | 18809427 | 101 |

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-------|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 124106 | 9144 | | | 98.88 | 904159 | 25 |
| 26 INTENSIVE CARE UNIT | 9074 | 511 | | | 233.96 | 119554 | 26 |
| 27 CORONARY CARE UNIT | 7842 | 686 | | | 103.46 | 70974 | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 3935 | 147 | | | 226.09 | 33235 | 27.01 |
| 27.02 ISCU | 12293 | 4965 | | | 99.78 | 495408 | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | 8518 | 763 | | | 97.21 | 74171 | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | 5203 | 402 | | | 82.34 | 33101 | 31.01 |
| 33 NURSERY | 10530 | 1607 | | | 21.91 | 35209 | 33 |
| 101 TOTAL | 181501 | 18225 | | | | 1765811 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

| COST CENTER DESCRIPTION | OLD | NEW | INPATIENT PROGRAM CHARGES | OLD CAPITAL | | NEW CAPITAL | | | |
|-------------------------------------|----------------------|----------------------|---------------------------|---------------|--------------------------|---------------|--------------------------|---------------|-------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | TOTAL CHARGES | 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 | | 8561539 | 246525507 | 4951725 | | | .034729 | 171968 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 2011380 | 44877394 | 10749977 | | | .044819 | 481803 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 6449829 | 152558672 | 2406689 | | | .042278 | 101750 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 2783801 | 53113645 | 187058 | | | .052412 | 9804 | 42 |
| 43 RADIOISOTOPE | | 1062353 | 39849708 | 227603 | | | .026659 | 6068 | 43 |
| 43.01 CAT SCAN | | 4293921 | 287834457 | 3444555 | | | .014918 | 51386 | 43.01 |
| 44 LABORATORY | | 3900128 | 296190365 | 8849152 | | | .013168 | 116526 | 44 |
| 44.01 VASCULAR LAB | | 204724 | 18293687 | 392690 | | | .011191 | 4395 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | 213261 | 9421941 | 692329 | | | .022635 | 15671 | 47 |
| 48 INTRAVENOUS THERAPY | | 129118 | 5229812 | 264218 | | | .024689 | 6523 | 48 |
| 49 RESPIRATORY THERAPY | | 512637 | 38261916 | 6591180 | | | .013398 | 88309 | 49 |
| 50 PHYSICAL THERAPY | | 1576152 | 49144959 | 520418 | | | .032071 | 16690 | 50 |
| 51 OCCUPATIONAL THERAPY | | 173583 | 8574202 | 291709 | | | .020245 | 5906 | 51 |
| 52 SPEECH PATHOLOGY | | 38650 | 2491491 | 64534 | | | .015513 | 1001 | 52 |
| 53 ELECTROCARDIOLOGY | | 1701339 | 85032263 | 1798271 | | | .020008 | 35980 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 1356926 | 99769002 | 3222762 | | | .013601 | 43833 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 2737584 | 143740514 | 2906519 | | | .019045 | 55355 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 3648065 | 264346316 | 6918556 | | | .013800 | 95476 | 56 |
| 57 RENAL DIALYSIS | | 648479 | 20218933 | 188292 | | | .032073 | 6039 | 57 |
| 58 ASC (NON-DISTINCT PART) | | 1049278 | 13157878 | 3216 | | | .079745 | 256 | 58 |
| 58.01 CARDIAC CATHETER LAB | | 915627 | 63815370 | 974643 | | | .014348 | 13984 | 58.01 |
| 59 BLANK | | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 238182 | 1764355 | | | | .134997 | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 3446495 | 50667787 | 9388 | | | .068021 | 639 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 2171612 | 56131753 | 238331 | | | .038688 | 9221 | 60.02 |
| 60.03 CANCER CARE CENTER | | 2042962 | 22075208 | 2457 | | | .092546 | 227 | 60.03 |
| 61 EMERGENCY | | 2228717 | 149934834 | 3122560 | | | .014865 | 46417 | 61 |
| 61.01 DENTAL CLINIC | | 75203 | 1537201 | 4293 | | | .048922 | 210 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 261171 | 1646465 | 2625 | | | .158625 | 416 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | 72124 | 2447742 | | | | .029466 | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 448447 | 8404302 | 9328 | | | .053359 | 498 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1376412 | 22109885 | | | | .062253 | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | | 56329699 | 2259167564 | 59035078 | | | | 1386351 | 101 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | NURSING | ALLIED | ALL OTHER | SWING-BED | TOTAL |
|---------------------------------|--------------|---------|--------|-----------|------------|-------|
| | ANESTHETIST | SCHOOL | HEALTH | MEDICAL | ADJUSTMENT | COSTS |
| | COST | COST | COSTS | COSTS | AMOUNT | COSTS |
| | 1 | 2 | 2.01 | 2.02 | 3 | 4 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | | | 27.01 |
| 27.02 ISCU | | | | | | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | 30 |
| 31 SUBPROVIDER 1 | | | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | | | 31.01 |
| 33 NURSERY | | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | | 34 |
| 35 NURSING FACILITY | | | | | | 35 |
| 101 TOTAL | | | | | | 101 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | TOTAL | PER | INPATIENT | INPATIENT | |
|---------------------------------|---------|------|-----------|-----------|-------|
| | PATIENT | | PROGRAM | PROGRAM | |
| | DAYS | DIEM | DAYS | PASS THRU | |
| | 5 | 6 | 7 | 8 | |
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 25 ADULTS & PEDIATRICS | 124106 | | 9144 | | 25 |
| 26 INTENSIVE CARE UNIT | 9074 | | 511 | | 26 |
| 27 CORONARY CARE UNIT | 7842 | | 686 | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 3935 | | 147 | | 27.01 |
| 27.02 ISCU | 12293 | | 4965 | | 27.02 |
| 28 BURN INTENSIVE CARE UNIT | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | 30 |
| 31 SUBPROVIDER 1 | 8518 | | 763 | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | 5203 | | 402 | | 31.01 |
| 33 NURSERY | 10530 | | 1607 | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 34 |
| 35 NURSING FACILITY | | | | | 35 |
| 101 TOTAL | 181501 | | 18225 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT | | NURSING SCHOOL COST | ALLIED HEALTH COSTS | ALL OTHER | | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|---------------------|---------------------|-------------------------|---|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | | | MEDICAL EDUCATION COSTS | ADMINISTERING BLOOD CLOTTING FACTORS COST | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | 33632 | | | 33632 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | | 43.01 |
| 44 LABORATORY | | | | 164071 | | | 164071 44 |
| 44.01 VASCULAR LAB | | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 227455 | | | 227455 56 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | 425158 | | | 425158 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | 33632 | 246525507 | .000136 | .000136 | 4951725 | 673 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | 44877394 | | | 10749977 | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | 152558672 | | | 2406689 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 53113645 | | | 187058 | | 42 |
| 43 RADIOISOTOPE | | 39849708 | | | 227603 | | 43 |
| 43.01 CAT SCAN | | 287834457 | | | 3444555 | | 43.01 |
| 44 LABORATORY | 164071 | 296190365 | .000554 | .000554 | 8849152 | 4902 | 44 |
| 44.01 VASCULAR LAB | | 18293687 | | | 392690 | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | 9421941 | | | 692329 | | 47 |
| 48 INTRAVENOUS THERAPY | | 5229812 | | | 264218 | | 48 |
| 49 RESPIRATORY THERAPY | | 38261916 | | | 6591180 | | 49 |
| 50 PHYSICAL THERAPY | | 49144959 | | | 520418 | | 50 |
| 51 OCCUPATIONAL THERAPY | | 8574202 | | | 291709 | | 51 |
| 52 SPEECH PATHOLOGY | | 2491491 | | | 64534 | | 52 |
| 53 ELECTROCARDIOLOGY | | 85032263 | | | 1798271 | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 99769002 | | | 3222762 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 143740514 | | | 2906519 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 227455 | 264346316 | .000860 | .000860 | 6918556 | 5950 | 56 |
| 57 RENAL DIALYSIS | | 20218933 | | | 188292 | | 57 |
| 58 ASC (NON-DISTINCT PART) | | 13157878 | | | 3216 | | 58 |
| 58.01 CARDIAC CATHETER LAB | | 63815370 | | | 974643 | | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 1764355 | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 50667787 | | | 9388 | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | 56131753 | | | 238331 | | 60.02 |
| 60.03 CANCER CARE CENTER | | 22075208 | | | 2457 | | 60.03 |
| 61 EMERGENCY | | 149934834 | | | 3122560 | | 61 |
| 61.01 DENTAL CLINIC | | 1537201 | | | 4293 | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | 1646465 | | | 2625 | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | 2447742 | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | 8404302 | | | 9328 | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 22109885 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | 425158 | 2259167564 | | | 59035078 | 11525 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 | |
|-------------------------------------|---------------------------------|---------------------------------|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | 42 |
| 43 RADIOISOTOPE | | | | | | 43 |
| 43.01 CAT SCAN | | | | | | 43.01 |
| 44 LABORATORY | | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & T | | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | | 60.03 |
| 61 EMERGENCY | | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 TOTAL | | | | | | 101 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-0010) | SUB I (PPS) (14-S010) | SUB II (PPS) (14-T010) | SUB III | SUB IV | SNF (PPS) (14-5855) | |
|---|--------------------------------|-----------------------------|------------------------------|---------|--------|---------------------------|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 124106 | 8518 | 5203 | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 124106 | 8518 | 5203 | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 124106 | 8518 | 5203 | | | | 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) | 55149 | 1787 | 3306 | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-0010) | SUB I (PPS) (14-S010) | SUB II (PPS) (14-T010) | SUB III | SUB IV | SNF (PPS) (14-5855) | |
|---|--------------------------------|-----------------------------|------------------------------|---------|--------|---------------------------|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 113520649 | 8846946 | 4322335 | | | | 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 | 113520649 | 8846946 | 4322335 | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 161586927 | 12928873 | 6282028 | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 161586927 | 12928873 | 6282028 | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .702536 | .684278 | .688048 | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1302.01 | 1517.83 | 1207.39 | | | | 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 | 113520649 | 8846946 | 4322335 | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (14-0010) | SUB I (PPS) (14-S010) | SUB II (PPS) (14-T010) | SUB III | SUB IV | |
|--|--------------------------------|-----------------------------|------------------------------|----------------------|----------------------|-------|
| | 1 | 1 | 1 | 1 | 1 | |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 914.71 | 1038.62 | 830.74 | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 50445342 | 1856014 | 2746426 | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 50445342 | 1856014 | 2746426 | | | 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) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | 42 |
| 43 INTENSIVE CARE UNIT | 17257313 | 9074 | 1901.84 | 5401 | 10271838 | 43 |
| 44 CORONARY CARE UNIT | 9677259 | 7842 | 1234.03 | 5147 | 6351552 | 44 |
| 44.01 INTENSIVE CARE UNIT - GB | 7749554 | 3935 | 1969.39 | 2726 | 5368557 | 44.01 |
| 44.02 ISCU | 14985728 | 12293 | 1219.05 | | | 44.02 |
| 45 BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (PPS) (14-0010) | SUB I (PPS) (14-S010) | SUB II (PPS) (14-T010) | SUB III | SUB IV | |
| | 1 | 1 | 1 | 1 | 1 | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 105947525 | 445728 | 1987000 | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 178384814 | 2301742 | 4733426 | | | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 7865581 | 173714 | 272216 | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 8087018 | 30267 | 125829 | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 15952599 | 203981 | 398045 | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 162432215 | 2097761 | 4335381 | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 12:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF
(PPS)
(14-5855)
1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | | |
|---|----------|--------|----|
| 83 TOTAL OBSERVATION BEDS | 13920 | 1 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 914.71 | 830.74 | 84 |
| 85 OBSERVATION BED COST | 12732763 | 831 | 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 | | 113520649 | | 12732763 | | 86 |
| 87 NEW CAPITAL-RELATED COST | 12271627 | 113520649 | .108100 | 12732763 | 1376412 | 87 |
| 88 NON PHYSICIAN ANESTHETIST | | 113520649 | | 12732763 | | 88 |
| 89 NURSING SCHOOL | | 113520649 | | 12732763 | | 89 |
| 89.01 ALLIED HEALTH | | 113520649 | | 12732763 | | 89.01 |
| 89.02 ALL OTHER | | 113520649 | | 12732763 | | 89.02 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 124106 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 124106 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 124106 | | | | | | 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) | 9144 | | | | | | 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 | 10530 | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | 1607 | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 113368784 | | | | | | 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 | 113368784 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 161586927 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 161586927 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .701596 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1302.01 | | | | | | 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 | 113368784 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|------------------------|--------------------------|----------------------|----------------------|-------|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 913.48 | | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 8352861 | | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 8352861 | | | | | 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) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | 5552528 | 10530 | 527.31 | 1607 | 847387 | 42 |
| 43 INTENSIVE CARE UNIT | 17257313 | 9074 | 1901.84 | 511 | 971840 | 43 |
| 44 CORONARY CARE UNIT | 9677259 | 7842 | 1234.03 | 686 | 846545 | 44 |
| 44.01 INTENSIVE CARE UNIT - GB | 7749554 | 3935 | 1969.39 | 147 | 289500 | 44.01 |
| 44.02 ISCU | 14985728 | 12293 | 1219.05 | 4965 | 6052583 | 44.02 |
| 45 BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
| | 1 | 1 | 1 | 1 | 1 | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 16707779 | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 34068495 | | | | | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 1658539 | | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 1397876 | | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 3056415 | | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | | 122 | 27 | | | 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 [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 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

| [] TITLE V-INPT | [] TITLE XVIII-PART A | [XX] TITLE XIX-INPT | | | |
|------------------|----------------------------------|---------------------|--------|---------|--------|
| | HOSPITAL (OTHER) (14-0010) | SUB I | SUB II | SUB III | SUB IV |
| | 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | | | |
|---|----------|--------|--|----|
| 83 TOTAL OBSERVATION BEDS | 13920 | 1 | | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 914.71 | 830.74 | | 84 |
| 85 OBSERVATION BED COST | 12732763 | 831 | | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-0010) | <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 | |
|---|---------------|---|-----------------|-------|
| | TO CHARGES | 1 | PROGRAM CHARGES | 2 |
| | | | PROGRAM COSTS | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | 88660023 | 25 |
| 26 INTENSIVE CARE UNIT | | | 16824435 | 26 |
| 27 CORONARY CARE UNIT | | | 9153946 | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | 7683550 | 27.01 |
| 27.02 ISCU | | | | 27.02 |
| 31 SUBPROVIDER I | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .218738 | | 44995696 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | | 153331 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .283118 | | 16787423 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .212370 | | 1164941 | 42 |
| 43 RADIOISOTOPE | .192639 | | 2885384 | 43 |
| 43.01 CAT SCAN | .065968 | | 35241191 | 43.01 |
| 44 LABORATORY | .186069 | | 72746100 | 44 |
| 44.01 VASCULAR LAB | .113400 | | 4525478 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | | 3134783 | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | | 2857701 | 48 |
| 49 RESPIRATORY THERAPY | .236731 | | 14732446 | 49 |
| 50 PHYSICAL THERAPY | .456176 | | 6855835 | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | | 3231318 | 51 |
| 52 SPEECH PATHOLOGY | .339523 | | 1221729 | 52 |
| 53 ELECTROCARDIOLOGY | .120265 | | 21375518 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | | 29664283 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | | 51468193 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | | 43155740 | 56 |
| 57 RENAL DIALYSIS | .341609 | | 2524187 | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | | 97141 | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | | 21601264 | 58.01 |
| 59 BLANK | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | | 1226 | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | 1.289121 | | 102830 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | | 3390058 | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | | 177164 | 60.03 |
| 61 EMERGENCY | .194515 | | 30026633 | 61 |
| 61.01 DENTAL CLINIC | .531373 | | 11158 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | | 227 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .596709 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .606479 | | 30367 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | | 414159345 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | | 414159345 | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | 27.01 |
| 27.02 ISCU | | | | 27.02 |
| 31 SUBPROVIDER 1 | | 2726759 | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .218738 | 60826 | 13305 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .283118 | 26251 | 7432 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .212370 | 9168 | 1947 | 42 |
| 43 RADIOISOTOPE | .192639 | 9248 | 1782 | 43 |
| 43.01 CAT SCAN | .065968 | 104613 | 6901 | 43.01 |
| 44 LABORATORY | .186069 | 501987 | 93404 | 44 |
| 44.01 VASCULAR LAB | .113400 | 9209 | 1044 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | 908 | 299 | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | 1154 | 736 | 48 |
| 49 RESPIRATORY THERAPY | .236731 | 34585 | 8187 | 49 |
| 50 PHYSICAL THERAPY | .456176 | 21214 | 9677 | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | 45939 | 16527 | 51 |
| 52 SPEECH PATHOLOGY | .339523 | 1456 | 494 | 52 |
| 53 ELECTROCARDIOLOGY | .120265 | 34901 | 4197 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | 11106 | 3605 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | 427837 | 174901 | 56 |
| 57 RENAL DIALYSIS | .341609 | 2320 | 793 | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | | | 58.01 |
| 59 BLANK | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | 1.289121 | 1094 | 1410 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | 10471 | 2142 | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | 292 | 175 | 60.03 |
| 61 EMERGENCY | .194515 | 267841 | 52099 | 61 |
| 61.01 DENTAL CLINIC | .531373 | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .596709 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .606479 | 73657 | 44671 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 1656077 | 445728 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 1656077 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input checked="" type="checkbox"/> SUB II (14-T010) | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | 27.01 |
| 27.02 ISCU | | | | 27.02 |
| 31 SUBPROVIDER I | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | 3960242 | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .218738 | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .283118 | 142129 | 40239 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .212370 | 114389 | 24293 | 42 |
| 43 RADIOISOTOPE | .192639 | 11366 | 2190 | 43 |
| 43.01 CAT SCAN | .065968 | 316813 | 20900 | 43.01 |
| 44 LABORATORY | .186069 | 713126 | 132691 | 44 |
| 44.01 VASCULAR LAB | .113400 | 148988 | 16895 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | 23534 | 7757 | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | 42241 | 26946 | 48 |
| 49 RESPIRATORY THERAPY | .236731 | 209002 | 49477 | 49 |
| 50 PHYSICAL THERAPY | .456176 | 1287012 | 587104 | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | 1299897 | 467651 | 51 |
| 52 SPEECH PATHOLOGY | .339523 | 316077 | 107315 | 52 |
| 53 ELECTROCARDIOLOGY | .120265 | 57171 | 6876 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | 123150 | 39970 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | 9523 | 4337 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | 1052344 | 430200 | 56 |
| 57 RENAL DIALYSIS | .341609 | 59213 | 20228 | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | | | 58.01 |
| 59 BLANK | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | 1.289121 | 300 | 387 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | | | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | | | 60.03 |
| 61 EMERGENCY | .194515 | 3716 | 723 | 61 |
| 61.01 DENTAL CLINIC | .531373 | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .596709 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .606479 | 1353 | 821 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 5931344 | 1987000 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 5931344 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| 26 INTENSIVE CARE UNIT | | | 26 |
| 27 CORONARY CARE UNIT | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | 27.01 |
| 27.02 ISCU | | | 27.02 |
| 31 SUBPROVIDER 1 | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | .218738 | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .280128 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .208739 | | 42 |
| 43 RADIOISOTOPE | .188402 | | 43 |
| 43.01 CAT SCAN | .065968 | | 43.01 |
| 44 LABORATORY | .180309 | | 44 |
| 44.01 VASCULAR LAB | .113400 | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | | 48 |
| 49 RESPIRATORY THERAPY | .236731 | | 49 |
| 50 PHYSICAL THERAPY | .455217 | | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | | 51 |
| 52 SPEECH PATHOLOGY | .339523 | | 52 |
| 53 ELECTROCARDIOLOGY | .120046 | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | | 56 |
| 57 RENAL DIALYSIS | .341609 | | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | | 58.01 |
| 59 BLANK | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | 1.289121 | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | | 60.03 |
| 61 EMERGENCY | .194422 | | 61 |
| 61.01 DENTAL CLINIC | .531373 | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .591518 | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .604872 | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | | 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 checked="" type="checkbox"/> HOSPITAL (14-0010) | <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 | | 11031695 | | 25 |
| 26 INTENSIVE CARE UNIT | | 1646868 | | 26 |
| 27 CORONARY CARE UNIT | | 1264222 | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | 409896 | | 27.01 |
| 27.02 ISCU | | 15717295 | | 27.02 |
| 31 SUBPROVIDER 1 | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .218738 | 4951725 | 1083130 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | .411775 | 10749977 | 4426572 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | .280128 | 2406689 | 674181 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .208739 | 187058 | 39046 | 42 |
| 43 RADIOISOTOPE | .188402 | 227603 | 42881 | 43 |
| 43.01 CAT SCAN | .065968 | 3444555 | 227230 | 43.01 |
| 44 LABORATORY | .180309 | 8849152 | 1595582 | 44 |
| 44.01 VASCULAR LAB | .113400 | 392690 | 44531 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | .329614 | 692329 | 228201 | 47 |
| 48 INTRAVENOUS THERAPY | .637910 | 264218 | 168547 | 48 |
| 49 RESPIRATORY THERAPY | .236731 | 6591180 | 1560337 | 49 |
| 50 PHYSICAL THERAPY | .455217 | 520418 | 236903 | 50 |
| 51 OCCUPATIONAL THERAPY | .359760 | 291709 | 104945 | 51 |
| 52 SPEECH PATHOLOGY | .339523 | 64534 | 21911 | 52 |
| 53 ELECTROCARDIOLOGY | .120046 | 1798271 | 215875 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .324564 | 3222762 | 1045993 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .455401 | 2906519 | 1323632 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .408802 | 6918556 | 2828320 | 56 |
| 57 RENAL DIALYSIS | .341609 | 188292 | 64322 | 57 |
| 58 ASC (NON-DISTINCT PART) | .781550 | 3216 | 2513 | 58 |
| 58.01 CARDIAC CATHETER LAB | .094776 | 974643 | 92373 | 58.01 |
| 59 BLANK | | | | 59 |
| 59.97 CARDIAC REHABILITATION | .860996 | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | 1.289121 | 9388 | 12102 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | .204557 | 238331 | 48752 | 60.02 |
| 60.03 CANCER CARE CENTER | .600142 | 2457 | 1475 | 60.03 |
| 61 EMERGENCY | .194422 | 3122560 | 607094 | 61 |
| 61.01 DENTAL CLINIC | .531373 | 4293 | 2281 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 1.298309 | 2625 | 3408 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | .591518 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | .604872 | 9328 | 5642 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .575923 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 59035078 | 16707779 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 59035078 | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
|--|-----------------------|--------|--------|---------|--------|------|
| DRG AMOUNT | | | | | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | | | | | | 1 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 29467909 | | | | | 1.01 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS | 88403726 | | | | | 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 | 771641 | | | | | 1.04 |
| 1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 | 2314924 | | | | | 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 | 3886216 | | | | | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | 519.86 | | | | | 3 |
| 3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I | | | | | | 3.01 |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | | | 3.02 |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 3.03 |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996 | 145.75 | | | | | 3.04 |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.05 |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06] | | | | | | 3.06 |
| 3.07 SUM OF LINES 3.04-3.06 | 0.00 | 0.00 | 145.75 | | | 3.07 |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | | 156.78 | | | 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 | 2.00 | | | | | 3.13 |
| 3.14 CURRENT YEAR ALLOWABLE FTE | 147.75 | | | | | 3.14 |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | 147.74 | | | | | 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.. | 147.79 | | | | | 3.16 |
| RES. IN INIT YRS | | | | | | |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | 0.00 | 147.76 | | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
|-------|---|-----------|--------|----------|--------|-------|
| 3.18 | CURRENT YEAR RESIDENT TO BED RATIO | 0.284230 | | | | 3.18 |
| 3.19 | PRIOR YEAR RESIDENT TO BED RATIO | 0.293976 | | | | 3.19 |
| 3.20 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 | 0.284230 | | | | 3.20 |
| 3.21 | IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 | | | | | 3.21 |
| 3.22 | IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 | 4352802 | | | | 3.22 |
| 3.23 | IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23] | 13058405 | | | | 3.23 |
| 3.24 | SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT | 17411207 | 0 | 17411207 | | 3.24 |
| 4 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS | | | | | 4 |
| 4.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS | | | | | 4.01 |
| 4.02 | SUM OF 4 AND 4.01 | | | | | 4.02 |
| 4.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | | | | | 4.03 |
| 4.04 | DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | | | | 4.04 |
| 5 | TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317 | 14061 | | | | 5 |
| 5.01 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.01 |
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 | | | | | 5.02 |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.03 |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | | | | 5.04 |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS | 405.45 | | | | 5.05 |
| 5.06 | TOTAL ADDITIONAL PAYMENT | | | | | 5.06 |
| 6 | SUBTOTAL | 139169058 | | | | 6 |
| 7 | HOSPITAL SPECIFIC PAYMENTS | | | | | 7 |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (1996 HSR) | | | | | 7.01 |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS | 139169058 | | | | 8 |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 11479667 | | | | 9 |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL | | | | | 10 |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT | 4656575 | | | | 11 |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE | | | | | 11.01 |
| 11.02 | ADD-ON PAYMENT FOR NEW TECHNOLOGIES | | | | | 11.02 |
| 12 | NET ORGAN ACQUISITION COST | | | | | 12 |
| 13 | COST OF TEACHING PHYSICIANS | | | | | 13 |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | 14 |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | 83534 | | | | 15 |
| 16 | TOTAL | 155388834 | | | | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 104083 | | | | 17 |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 155284751 | | | | 18 |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 11096509 | | | | 19 |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 486291 | | | | 20 |
| 21 | REIMBURSABLE BAD DEBTS | 1046798 | | | | 21 |
| 21.01 | REDUCED PROGRAM REIMBURSABLE BAD DEBTS | 732759 | | | | 21.01 |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 743300 | | | | 21.02 |
| 22 | SUBTOTAL | 144434710 | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0010) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 23 | | | | | | 23 |
| | | | | | | |
| | | | | | | |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | 144434710 | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | 144899586 | | | | | 28 |
| 28.01 | | | | | | 28.01 |
| 29 | -464876 | | | | | 29 |
| 30 | | | | | | 30 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 50 | | | | | | 50 |
| 51 | | | | | | 51 |
| 52 | | | | | | 52 |
| 53 | | | | | | 53 |
| 54 | | | | | | 54 |
| 55 | | | | | | 55 |
| 56 | | | | | | 56 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0010) 1 | HOSPITAL (14-0010) 1.01 | HOSPITAL (14-0010) 1.02 | |
|--|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | 198438 | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 142167912 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 101976948 | | | 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 | 69426 | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | 198438 | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | 493268 | | | 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 | 493268 | | | 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 | 493268 | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 294830 | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | 198438 | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 102046374 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0010) 1 | HOSPITAL (14-0010) 1.01 | HOSPITAL (14-0010) 1.02 |
|---|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | 10917 | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | 23234343 | | 18.01 |
| 19 SUBTOTAL | 78999552 | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | 3585676 | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | 82585228 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | 8025 | | 24 |
| 25 SUBTOTAL | 82577203 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | 994607 | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | 696225 | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 801790 | | 27.02 |
| 28 SUBTOTAL | 83273428 | | 28 |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | 29 |
| 30 OTHER ADJUSTMENTS | | | 30 |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | 22 | | 30.99 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | 31 |
| 32 SUBTOTAL | 83273406 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 82849054 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 424352 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S010) 1 | SUB I (14-S010) 1.01 | SUB I (14-S010) 1.02 | |
|--|-------------------------|----------------------------|----------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 245378 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 146167 | | | 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 | 32 | | | 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 | 146199 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S010) 1 | SUB I (14-S010) 1.01 | SUB I (14-S010) 1.02 |
|---|-------------------------|----------------------------|----------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | 32569 | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | | | 18.01 |
| 19 SUBTOTAL | 113630 | | 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 | 113630 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | 113630 | | 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 | 113630 | | 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 | 113630 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 113351 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 279 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB II (14-T010) 1 | SUB II (14-T010) 1.01 | SUB II (14-T010) 1.02 | |
|--|--------------------------|-----------------------------|-----------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 14841 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 11716 | | | 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 | 3 | | | 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 | 11719 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB II (14-T010) 1 | SUB II (14-T010) 1.01 | SUB II (14-T010) 1.02 |
|--|--------------------------|-----------------------------|-----------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 | | | 18 |
| 18.01 | | | 18.01 |
| | 1217 | | |
| 19 | 10502 | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | 10502 | | 23 |
| 24 | | | 24 |
| 25 | 10502 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 | | | 26 |
| 27 | | | 27 |
| 27.01 | | | 27.01 |
| 27.02 | | | 27.02 |
| 28 | 10502 | | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 30.99 | | | 30.99 |
| 31 | | | 31 |
| 32 | 10502 | | 32 |
| 33 | | | 33 |
| 34 | 10501 | | 34 |
| 34.01 | | | 34.01 |
| 35 | 1 | | 35 |
| 36 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 | | | 50 |
| 51 | | | 51 |
| 52 | | | 52 |
| 53 | | | 53 |
| 54 | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5855) 1 | SNF (14-5855) 1.01 | SNF (14-5855) 1.02 | |
|--|-----------------------|--------------------------|--------------------------|-------|
| 1 | | | | 1 |
| 1.01 | | | | 1.01 |
| 1.02 | | | | 1.02 |
| 1.03 | | | | 1.03 |
| 1.04 | | | | 1.04 |
| 1.05 | | | | 1.05 |
| 1.06 | | | | 1.06 |
| 1.07 | | | | 1.07 |
| 2 | | | | 2 |
| 3 | | | | 3 |
| 4 | | | | 4 |
| 5 | | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| REASONABLE CHARGES | | | | |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 | | | | 11 |
| 12 | | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 17.01 | | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5855) 1 | SNF (14-5855) 1.01 | SNF (14-5855) 1.02 | |
|--|-----------------------|--------------------------|--------------------------|-------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 18 | | | | 18 |
| 18.01 | | | | 18.01 |
| | | | | 18.01 |
| 19 | | | | 19 |
| 20 | | | | 20 |
| 21 | | | | 21 |
| 22 | | | | 22 |
| 23 | | | | 23 |
| 24 | | | | 24 |
| 25 | | | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | | |
| 26 | | | | 26 |
| 27 | | | | 27 |
| 27.01 | | | | 27.01 |
| 27.02 | | | | 27.02 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 30.99 | | | | 30.99 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 | | | | 33 |
| 34 | | | | 34 |
| 34.01 | | | | 34.01 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | | |
| 50 | | | | 50 |
| 51 | | | | 51 |
| 52 | | | | 52 |
| 53 | | | | 53 |
| 54 | | | | 54 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0010)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|--|--|---------------------------------------|--------------------------|-----------------|--|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 144521164 | | 82299432 | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | NONE | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54 | 04/01/2010 65615 09/24/2010 312807 | 04/01/2010 09/24/2010 | 69566 480056 | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | 378422 | | 549622 | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 144899586 | | 82849054 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | | | 5.01 5.02 5.03 5.50 5.51 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM | | | | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1466380 | | 113351 |
| 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 .01 | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02 | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST TO .03 | | NONE | | NONE |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04 | | | | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05 | | | | 3.05 |
| | .50 | 04/01/2010 | | 60223 |
| | PROVIDER .51 | | | 3.50 |
| | TO .52 | | | 3.51 |
| | PROGRAM .53 | | | NONE |
| | .54 | | | 3.52 |
| | | | | 3.53 |
| | | | | 3.54 |
| SUBTOTAL .99 | | -60223 | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 1406157 | | 113351 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01 | | | | 5.01 |
| MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02 | | | | 5.02 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03 | | | | 5.03 |
| | PROVIDER .50 | | | 5.50 |
| | TO .51 | | | 5.51 |
| | PROGRAM .52 | | | 5.52 |
| SUBTOTAL .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO | | | | |
| (BALANCE DUE) BASED ON THE COST PROVIDER .01 | | | | 6.01 |
| REPORT. PROVIDER TO .02 | | | | 6.02 |
| | PROGRAM | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|--|--|---------------------|-----------------|-------------|--|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 3528399 | | 10501 | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | NONE | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54 | 04/01/2010 34413 | | NONE | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | 34413 | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 3562812 | | 10501 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | | | 5.01 5.02 5.03 5.50 5.51 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM | | | | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL | SUB I (14-S010) | SUB II (14-T010) | SUB III | SUB IV | |
|-------|----------|--------------------|---------------------|---------|--------|-------|
| 1 | | | | | | 1 |
| 1.01 | | | | | | 1.01 |
| 1.02 | | | | | | 1.02 |
| 1.03 | | | | | | 1.03 |
| 1.04 | | | | | | 1.04 |
| 1.05 | | | | | | 1.05 |
| 1.06 | | | | | | 1.06 |
| 1.07 | | | | | | 1.07 |
| | | | | | | |
| 1.08 | | | | | | 1.08 |
| 1.09 | | | | | | 1.09 |
| 1.10 | | | | | | 1.10 |
| 1.11 | | | | | | 1.11 |
| 1.12 | | | | | | 1.12 |
| 1.13 | | | | | | 1.13 |
| 1.14 | | | | | | 1.14 |
| 1.15 | | | | | | 1.15 |
| 1.16 | | | | | | 1.16 |
| 1.17 | | | | | | 1.17 |
| 1.18 | | | | | | 1.18 |
| 1.19 | | | | | | 1.19 |
| 1.20 | | | | | | 1.20 |
| 1.21 | | | | | | 1.21 |
| 1.22 | | | | | | 1.22 |
| 1.23 | | | | | | 1.23 |
| | | | | | | |
| 1.35 | | | | | | 1.35 |
| 1.36 | | | | | | 1.36 |
| 1.37 | | | | | | 1.37 |
| 1.38 | | | | | | 1.38 |
| 1.39 | | | | | | 1.39 |
| 1.40 | | | | | | 1.40 |
| 1.41 | | | | | | 1.41 |
| 1.42 | | | | | | 1.42 |
| | | | | | | |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 11.01 | | | | | | 11.01 |
| 11.02 | | | | | | 11.02 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL | SUB I (14-S010) | SUB II (14-T010) | SUB III | SUB IV | |
|---|----------|--------------------|---------------------|---------|--------|-------|
| 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | 654 | 1300 | | | 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 | | 1503020 | 3516691 | | | 17 |
| 18 SEQUESTRATION ADJUSTMENT | | | | | | 18 |
| 19 INTERIM PAYMENTS | | 1406157 | 3562812 | | | 19 |
| 19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 19.01 |
| 20 BALANCE DUE PROVIDER/PROGRAM | | 96863 | -46121 | | | 20 |
| 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | | |
| 50 ORIGINAL OUTLIER AMOUNT | | | | | | 50 |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | | 52 |
| 53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5855)
 (PPS)
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

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

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

SNF I
(14-5855)
(PPS)
2

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

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

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | | | |
|-------|--|----------------------------------|----------------|--------|---------|--------|-------|
| | | HOSPITAL (14-0010) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I |
| | | 1 | 1 | 1 | 1 | 1 | 1 |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | | |
| 35 | EXCESS OF REASONABLE COST | | | | | | 34 |
| 36 | SUBTOTAL | 34068495 | | | | | 35 |
| 37 | COINSURANCE | | | | | | 36 |
| 38 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS | | | | | | 37 |
| 38.01 | REIMBURSABLE BAD DEBTS | | | | | | 38 |
| 38.02 | REDUCED REIMBURSABLE BAD DEBTS | | | | | | 38.01 |
| | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | | | | 38.02 |
| 39 | UTILIZATION REVIEW | | | | | | 39 |
| 40 | SUBTOTAL | 34068495 | | | | | 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 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | 44 |
| 45 | RATIO OF LINE 43 TO LINE 44 | | | | | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | | | | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION | | | | | | 49 |
| 50 | OTHER ADJUSTMENTS | | | | | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS | | | | | | 51 |
| 52 | SUBTOTAL | 34068495 | | | | | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 34068495 | | | | | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | | | | | 56 |
| 57 | INTERIM PAYMENTS | 34068495 | | | | | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | | | | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2) | | | | | | 59 |

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

WORKSHEET E-3
 PART IV

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

| COMPUTATION OF TOTAL DIRECT GME AMOUNT | | |
|--|--|----------------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | 1 |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHERS | 1.01 |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE | 2 |
| 2.01 | UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS | 2.01 |
| 3 | AGGREGATE APPROVED AMOUNT | 3 |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996 | 154.90 3.01 |
| 3.02 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6) | 3.02 |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03] | 3.03 |
| 3.04 | FTE ADJUSTMENT CAP | 154.90 3.04 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR | 160.05 3.05 |
| 3.06 | LESSER OF LINE 3.04 OR LINE 3.05 | 154.90 3.06 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 83.17 3.07 |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 69.94 3.08 |
| 3.09 | SUM OF LINES 3.07 AND LINE 3.08 | 153.11 3.09 |
| 3.10 | SEE INSTRUCTIONS | 148.18 3.10 |
| 3.11 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 2.00 3.11 |
| 3.12 | SEE INSTRUCTIONS | 69.69 3.12 |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS) | 74.95 3.13 |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS) | 82.91 3.14 |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | 75.85 3.15 |
| 3.16 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 75.85 3.16 |
| 3.17 | SEE INSTRUCTIONS | 112562.32 3.17 |
| 3.18 | SEE INSTRUCTIONS | 8537852 3.18 |

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

WORKSHEET E-3
 PART IV
 (CONT)

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

| | | | | |
|------|---|--|-----------|------|
| 3.19 | SEE INSTRUCTIONS | | 74.76 | 3.19 |
| 3.20 | SEE INSTRUCTIONS | | 66.41 | 3.20 |
| 3.21 | SEE INSTRUCTIONS | | 73.89 | 3.21 |
| 3.22 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | | 73.89 | 3.22 |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | 118732.96 | 3.23 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | 8773178 | 3.24 |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | 17311030 | 3.25 |

COMPUTATION OF PROGRAM PATIENT LOAD

| | | | | | |
|------|--|--------------------------|---------|---------|------|
| 4 | PROGRAM PART A INPATIENT DAYS | | 73516 | 4 | |
| 5 | TOTAL INPATIENT DAYS | | 157050 | 5 | |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | .468106 | 6 | |
| | | [LINE 6 x] [E-3,PART 6] | | | |
| | | [LINE 3.25] [LINE 11] | | | |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 8103397 | 0 | 8103397 | 6.01 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | | 1467 | 6.02 |
| 6.03 | TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | | 157050 | 6.03 |
| 6.04 | APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | | 100.00 | 6.04 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | | 138854 | 6.05 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | | 6.06 |
| 6.07 | APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | | 100.00 | 6.07 |
| | | [PRIOR TO] [E-3,PART 6] | | | |
| | | [422] [LINE 12] | | | |
| 6.08 | GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD | 0 | 0 | | 6.08 |

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
 (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

| | | | | |
|----|--|--|----------|----|
| 7 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | 7 |
| 8 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | 20218933 | 8 |
| 9 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | 9 |
| 10 | MEDICARE O/P ESRD CHARGES | | | 10 |
| 11 | MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | 11 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 12:36

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
|--|---|---------------|
| PART A REASONABLE COST | | |
| 12 | REASONABLE COST | 185419982 12 |
| 13 | ORGAN ACQUISITION COSTS | 13 |
| 14 | COST OF TEACHING PHYSICIANS | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 116941 15 |
| 16 | TOTAL PART A REASONABLE COST | 185303041 16 |
| PART B REASONABLE COST | | |
| 17 | REASONABLE COST | 142696030 17 |
| 18 | PRIMARY PAYER PAYMENTS | 8193 18 |
| 19 | TOTAL PART B REASONABLE COST | 142687837 19 |
| 20 | TOTAL REASONABLE COST | 327990878 20 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | .564964 21 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | .435036 22 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 23 | TOTAL PROGRAM GME PAYMENT | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 8242251 23.01 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 4656575 24 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 3585676 25 |

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | |
|---|--|--------------------------|----------------|------|
| 3.19 | SEE INSTRUCTIONS | | | 3.19 |
| 3.20 | SEE INSTRUCTIONS | | | 3.20 |
| 3.21 | SEE INSTRUCTIONS | | | 3.21 |
| 3.22 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | | 0.00 | 3.22 |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | 0.00 | 3.23 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 3.24 |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 3.25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 4 | PROGRAM PART A INPATIENT DAYS | | 16618 | 4 |
| 5 | TOTAL INPATIENT DAYS | | 157050 | 5 |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | .105813 | 6 |
| | | [LINE 6 x] [E-3,PART 6] | | |
| | | [LINE 3.25] [LINE 11] | | |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 0 | 0 | 6.01 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | | 6.02 |
| 6.03 | TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | 157050 | 6.03 |
| 6.04 | APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | 100.00 | 6.04 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | | 6.05 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | 6.06 |
| 6.07 | APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | 100.00 | 6.07 |
| | | [PRIOR TO] [E-3,PART 6] | | |
| | | [422] [LINE 12] | | |
| 6.08 | GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD | 0 | 0 | 6.08 |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 7 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | 7 |
| 8 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | | 8 |
| 9 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | 9 |
| 10 | MEDICARE O/P ESRD CHARGES | | | 10 |
| 11 | MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | 11 |

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

WORKSHEET E-3
PART IV
(CONT)

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

| | | |
|--|---|-------|
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
| PART A REASONABLE COST | | |
| 12 | REASONABLE COST | 12 |
| 13 | ORGAN ACQUISITION COSTS | 13 |
| 14 | COST OF TEACHING PHYSICIANS | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 15 |
| 16 | TOTAL PART A REASONABLE COST | 16 |
| PART B REASONABLE COST | | |
| 17 | REASONABLE COST | 17 |
| 18 | PRIMARY PAYER PAYMENTS | 18 |
| 19 | TOTAL PART B REASONABLE COST | 19 |
| 20 | TOTAL REASONABLE COST | 20 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | 21 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | 22 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 23 | TOTAL PROGRAM GME PAYMENT | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 23.01 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 24 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 25 |

BALANCE SHEET

WORKSHEET G

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|--|-----------------|-----------------------------|-------------------|---------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 3684492 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | 98368948 | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 175382738 | | | 4 |
| 5 | OTHER RECEIVABLES | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -33555312 | | | 6 |
| 7 | INVENTORY | 15490343 | | | 7 |
| 8 | PREPAID EXPENSES | 17067704 | | | 8 |
| 9 | OTHER CURRENT ASSETS | 52388835 | | | 9 |
| 10 | DUE FROM OTHER FUNDS | 42013684 | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 370841432 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 30066482 | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | 18459721 | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | -8164168 | | | 13.01 |
| 14 | BUILDINGS | 1012052282 | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | -446975361 | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | 37267716 | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | -13832074 | | | 15.01 |
| 16 | FIXED EQUIPMENT | 456301413 | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | -341560535 | | | 16.01 |
| 17 | AUTOMOBILES AND TRUCKS | | | | 17 |
| 17.01 | ACCUMULATED DEPRECIATION | | | | 17.01 |
| 18 | MAJOR MOVABLE EQUIPMENT | | | | 18 |
| 18.01 | ACCUMULATED DEPRECIATION | | | | 18.01 |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | 19 |
| 19.01 | ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 743615476 | | | 21 |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 1361985777 | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 | OTHER ASSETS | 135637104 | | | 25 |
| 26 | TOTAL OTHER ASSETS | 1497622881 | | | 26 |
| 27 | TOTAL ASSETS | 2612079789 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 61934389 | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 31 |
| 32 | DEFERRED INCOME | | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | 33 |
| 34 | DUE TO OTHER FUNDS | | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 427575322 | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 489509711 | | | 36 |
| LONG-TERM LIABILITIES | | | | | |
| 37 | MORTGAGE PAYABLE | | | | 37 |
| 38 | NOTES PAYABLE | | | | 38 |
| 39 | UNSECURED LOANS | | | | 39 |
| 40 | LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 | | | | 40 |
| 41 | OTHER LONG TERM LIABILITIES | 769166504 | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 769166504 | | | 42 |
| 43 | TOTAL LIABILITIES | 1258676215 | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 1353403574 | | | 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 | 1353403574 | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 2612079789 | | | 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 | 1081539985 | | | 1 |
| 2 NET INCOME (LOSS) | 89353326 | | | 2 |
| 3 TOTAL | 1170893311 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | 4 |
| 5 CONTR TEMP RESTR FOR USE | | | | 5 |
| 6 NET REALIZED GAINS ON INV | | | | 6 |
| 7 TRFS TO PROP & EQUIP | 348609 | | | 7 |
| 8 UNREALIZED INCOME | | | | 8 |
| 9 OTHER TRANSFERS | 210714892 | | | 9 |
| 10 TOTAL ADDITIONS | 211063501 | | | 10 |
| 11 SUBTOTAL | 1381956812 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | 12 |
| 13 NET ASSETS RELEASED FR RE | | | | 13 |
| 14 TRANSFER TO ENDOWMENT | | | | 14 |
| 15 NET REALIZED GAIN ON INVEST | | | | 15 |
| 16 OTHER TRANSFERS | | | | 16 |
| 17 PENSION ADJUSTMENT | 28553238 | | | 17 |
| 18 TOTAL DEDUCTIONS | 28553238 | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 1353403574 | | | 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 | |
|---|----------------|-----------------|------------|-------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | | |
| 1 HOSPITAL | 168136530 | | 168136530 | 1 |
| 2 SUBPROVIDER I | 12928873 | | 12928873 | 2 |
| 2.01 SUBPROVIDER II | 6282028 | | 6282028 | 2.01 |
| 4 SWING BED - SNF | | | | 4 |
| 5 SWING BED - NF | | | | 5 |
| 6 SKILLED NURSING FACILITY | | | | 6 |
| 7 NURSING FACILITY | | | | 7 |
| 8 OTHER LONG TERM CARE | | | | 8 |
| 9 TOTAL GENERAL INPATIENT CARE SERVICES | 187347431 | | 187347431 | 9 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 10 INTENSIVE CARE UNIT | 40291250 | | 40291250 | 10 |
| 11 CORONARY CARE UNIT | 14256522 | | 14256522 | 11 |
| 11.01 INTENSIVE CARE UNIT - GB | | | | 11.01 |
| 11.02 ISCU | 40385221 | | 40385221 | 11.02 |
| 12 BURN INTENSIVE CARE UNIT | | | | 12 |
| 13 SURGICAL INTENSIVE CARE UNIT | | | | 13 |
| 14 OTHER SPECIAL CARE (SPECIFY) | | | | 14 |
| 15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 94932993 | | 94932993 | 15 |
| 16 TOTAL INPATIENT ROUTINE CARE SERVICES | 282280424 | | 282280424 | 16 |
| 17 ANCILLARY SERVICES | 850377762 | 1525669361 | 2376047123 | 17 |
| 18 OUTPATIENT SERVICES | | | | 18 |
| 18.50 RHC | | | | 18.50 |
| 18.60 FQHC | | | | 18.60 |
| 19 HOME HEALTH AGENCY | | 19842370 | 19842370 | 19 |
| 20 AMBULANCE | | | | 20 |
| 21 CORF | | | | 21 |
| 22 ASC | | | | 22 |
| 23 HOSPICE | | | | 23 |
| 24 PHYSICIAN REVENUE | | 32473657 | 32473657 | 24 |
| 25 TOTAL PATIENT REVENUES | 1132658186 | 1577985388 | 2710643574 | 25 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|--------------------------------|----------|-----------|----|
| 26 OPERATING EXPENSES | | 977227569 | 26 |
| 27 ADD (SPECIFY) | | | 27 |
| 28 BAD DEBT EXPENSE | 19661373 | | 28 |
| 29 INDIRECT EXPENSE ALLOCATION | -6719330 | | 29 |
| 30 | | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 TOTAL ADDITIONS | | 12942043 | 33 |
| 34 DEDUCT (SPECIFY) | | | 34 |
| 35 | | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 TOTAL DEDUCTIONS | | | 39 |
| 40 TOTAL OPERATING EXPENSES | | 990169612 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|---|------------|-------|
| 1 | TOTAL PATIENT REVENUES | 2710643574 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 1739040533 | 2 |
| 3 | NET PATIENT REVENUES | 971603041 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 990169612 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -18566571 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | 23698634 | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | 1184630 | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 4139096 | 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 | 7457156 | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | 910603 | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | 577024 | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | 19385197 | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | ALL OTHER | 20740797 | 24 |
| 25 | TOTAL OTHER INCOME | 78093137 | 25 |
| 26 | TOTAL | 59526566 | 26 |
| 27 | INTERCOMPANY TRANSFER | 12738286 | 27 |
| 27.01 | NON-OPERATING INCOME | -42565046 | 27.01 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | -29826760 | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 89353326 | 31 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

WORKSHEET H

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANS- PORTATION 3 | CONTRACTED/ PURCH SVCS 4 | OTHER COSTS 5 | TOTAL HHA COST 6 | |
|---|---------------|---------------------------|--------------------------|--------------------------------|---------------------|------------------------|-------|
| GENERAL SERVICE COST CENTER | | | | | | | 1 |
| 1 CAPITAL RELATED-BLDG & FIXTURES | | | | | | | 2 |
| 2 CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | 3 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | 76171 | 76171 | 4 |
| 4 TRANSPORTATION | | | 136389 | | | 136389 | 5 |
| 5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES | 84586 | 22270 | | 66615 | | 173471 | 6 |
| 6 SKILLED NURSING CARE | 1264550 | 332933 | | | | 1597483 | 7 |
| 7 PHYSICAL THERAPY | 910405 | 239693 | | | | 1150098 | 8 |
| 8 OCCUPATIONAL THERAPY | 55851 | 14704 | | | | 70555 | 9 |
| 9 SPEECH PATHOLOGY | 27845 | 7331 | | | | 35176 | 10 |
| 10 MEDICAL SOCIAL SERVICES | 40563 | 10679 | | | | 51242 | 11 |
| 11 HOME HEALTH AIDE | 35654 | 9387 | | | | 45041 | 12 |
| 12 SUPPLIES | | | | | 46829 | 46829 | 13 |
| 13 DRUGS | | | | | 324 | 324 | 13.20 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | | | 14 |
| 14 DME | | | | | 860189 | 860189 | 15 |
| HHA NONREIMBURSABLE SERVICES | | | | | | | 16 |
| 15 HOME DIALYSIS AIDE SERVICES | | | | | | | 17 |
| 16 RESPIRATORY THERAPY | | | | | | | 18 |
| 17 PRIVATE DUTY NURSING | | | | | | | 19 |
| 18 CLINIC | | | | | | | 20 |
| 19 HEALTH PROMOTION ACTIVITIES | | | | | | | 21 |
| 20 DAY CARE PROGRAM | | | | | | | 22 |
| 21 HOME DELIVERED MEALS PROGRAM | | | | | | | 23 |
| 22 HOMEMAKER SERVICE | | | | | | | 23.50 |
| 23 ALL OTHERS | 3182003 | 815798 | | | 1869015 | 5866816 | 24 |
| 23.50 TELEMEDICINE | | | | | | | 24 |
| 24 TOTAL | 5601457 | 1452795 | 136389 | 66615 | 2852528 | 10109784 | |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

WORKSHEET H
 (CONTINUED)

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 | |
|-------|-----------------------------|------------------------------------|------------------|--------------------------------------|-------|
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | 76171 | | 76171 | 3 |
| 4 | | 136389 | | 136389 | 4 |
| 5 | | 173471 | | 173471 | 5 |
| | | | | | |
| 6 | | 1597483 | | 1597483 | 6 |
| 7 | | 1150098 | | 1150098 | 7 |
| 8 | | 70555 | | 70555 | 8 |
| 9 | | 35176 | | 35176 | 9 |
| 10 | | 51242 | | 51242 | 10 |
| 11 | | 45041 | | 45041 | 11 |
| 12 | | 46829 | | 46829 | 12 |
| 13 | | 324 | | 324 | 13 |
| 13.20 | | | | | 13.20 |
| 14 | | 860189 | | 860189 | 14 |
| | | | | | |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | 5866816 | | 5866816 | 23 |
| 23.50 | | | | | 23.50 |
| 24 | | 10109784 | | 10109784 | 24 |

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7001

WORKSHEET H-4
 PART I

| | NET EXPENSES FOR COST ALLOCATION 0 | CAP REL BLDGS & FIXTURES 1 | CAP REL MOVABLE EQUIPMENT 2 | PLANT OPERATN & MAINT 3 | TRANSPORT- ATION 4 | SUBTOTAL 4A | ADMIN & GENERAL 5 | TOTAL 6 |
|--------------------------------------|---|-------------------------------------|--------------------------------------|----------------------------------|--------------------------|----------------|-------------------------|-------------|
| GENERAL SERVICE COST CENTER | | | | | | | | |
| 1 CAPITAL RELATED-BLDG & FIXT | | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIP | | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | 76171 | | | 76171 | | | | 3 |
| 4 TRANSPORTATION | 136389 | | | | 136389 | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL | 173471 | | | | | 173471 | 173471 | 5 |
| HHA REIMBURSABLE SERVICES | | | | | | | | |
| 6 SKILLED NURSING CARE | 1597483 | | | 30423 | 65152 | 1693058 | 29557 | 1722615 6 |
| 7 PHYSICAL THERAPY | 1150098 | | | 21904 | 60549 | 1232551 | 21518 | 1254069 7 |
| 8 OCCUPATIONAL THERAPY | 70555 | | | 1344 | 4678 | 76577 | 1337 | 77914 8 |
| 9 SPEECH PATHOLOGY | 35176 | | | 670 | 1885 | 37731 | 659 | 38390 9 |
| 10 MEDICAL SOCIAL SERVICES | 51242 | | | 976 | 855 | 53073 | 927 | 54000 10 |
| 11 HOME HEALTH AIDE | 45041 | | | 858 | 3270 | 49169 | 858 | 50027 11 |
| 12 SUPPLIES | 46829 | | | 3608 | | 50437 | 881 | 51318 12 |
| 13 DRUGS | 324 | | | 6 | | 330 | 6 | 336 13 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | | | | 13.20 |
| 14 DME | 860189 | | | 16382 | | 876571 | 15303 | 891874 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 | 5866816 | | | | | 5866816 | 102425 | 5969241 23 |
| 23.50 TELEMEDICINE | | | | | | | | 23.50 |
| 24 TOTAL | 10109784 | | | 76171 | 136389 | 10109784 | | 10109784 24 |

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-4
 PART II

| | CAP REL BLDGS & FIXTURES (SQUARE FEET) 1 | CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATN & MAINT (SQUARE FEET) 3 | TRANSPORT- ATION (MILEAGE) 4 | RECONCIL- IATION 5A | ADMIN & GENERAL (ACCUM COST) 5 | |
|---|---|---|--|---------------------------------------|---------------------------|--|-------|
| GENERAL SERVICE COST CENTER | | | | | | | |
| 1 CAPITAL RELATED-BLDG & FIXT | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIP | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | 3999547 | | | | 3 |
| 4 TRANSPORTATION | | | | 30610 | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES | | | | | -173471 | 9936313 | 5 |
| 6 SKILLED NURSING CARE | | | 1597484 | 14622 | | 1693058 | 6 |
| 7 PHYSICAL THERAPY | | | 1150098 | 13589 | | 1232551 | 7 |
| 8 OCCUPATIONAL THERAPY | | | 70555 | 1050 | | 76577 | 8 |
| 9 SPEECH PATHOLOGY | | | 35176 | 423 | | 37731 | 9 |
| 10 MEDICAL SOCIAL SERVICES | | | 51242 | 192 | | 53073 | 10 |
| 11 HOME HEALTH AIDE | | | 45042 | 734 | | 49169 | 11 |
| 12 SUPPLIES | | | 189437 | | | 50437 | 12 |
| 13 DRUGS | | | 324 | | | 330 | 13 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | | | 13.20 |
| 14 DME | | | 860189 | | | 876571 | 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 | | | | | | 5866816 | 23 |
| 23.50 TELEMEDICINE | | | | | | | 23.50 |
| 24 TOTAL | | | 3999547 | 30610 | -173471 | 9936313 | 24 |
| 25 COST TO BE ALLOC (PER W/S H) | | | 76171 | 136389 | | 173471 | 25 |
| 26 UNIT COST MULTIPLIER | | | .019045 | 4.455701 | | .017458 | 26 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7001

WORKSHEET H-5
 PART I

| HHA COST CENTER | PARAMED EDUCATION 24 | PARAMED EDUCATION MED TECH 24.01 | PARAMED EDUCATION ANESTHESIA 24.02 | SUBTOTAL 25 | I&R COST & POST STEP- DOWN ADJS 26 | SUBTOTAL 27 | ALLOCATED HHA A & G 28 | TOTAL HHA COSTS 29 | |
|---------------------------------|----------------------------|---|---|----------------|---|----------------|---------------------------------|--------------------------|-------|
| 1 ADMINISTRATIVE AND GENERAL | | | | 1742327 | | 1742327 | | | 1 |
| 2 SKILLED NURSING CARE | | | | 2155487 | | 2155487 | 296877 | 2452364 | 2 |
| 3 PHYSICAL THERAPY | | | | 1569201 | | 1569201 | 216128 | 1785329 | 3 |
| 4 OCCUPATIONAL THERAPY | | | | 97493 | | 97493 | 13428 | 110921 | 4 |
| 5 SPEECH PATHOLOGY | | | | 48037 | | 48037 | 6616 | 54653 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | 67570 | | 67570 | 9306 | 76876 | 6 |
| 7 HOME HEALTH AIDE | | | | 62598 | | 62598 | 8622 | 71220 | 7 |
| 8 SUPPLIES | | | | 64214 | | 64214 | 8844 | 73058 | 8 |
| 9 DRUGS | | | | 420 | | 420 | 58 | 478 | 9 |
| 9.20 COST OF ADMINISTERING VACC | | | | | | | | | 9.20 |
| 10 DME | | | | 1115991 | | 1115991 | 153707 | 1269698 | 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 | | | | 7469241 | | 7469241 | 1028741 | 8497982 | 19 |
| 19.50 TELEMEDICINE | | | | | | | | | 19.50 |
| 20 TOTALS | | | | 14392579 | | 14392579 | 1742327 | 14392579 | 20 |
| 21 UNIT COST MULTIPLIER | | | | | | | .137731 | | 21 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-5
 PART II

| HHA COST CENTER | OLD CAP BLDGS & FIXTURES SQUARE FEET | OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE | NEW CAP BLDGS & FIXTURES SQUARE FEET | NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILIATION | ADMINIS- TRATIVE & GENERAL ACCUM COST | MAIN- TENANCE & REPAIRS SQUARE FEET |
|---------------------------------|--|--|--|---|---|---------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6A | 6 | 7 |
| 1 ADMINISTRATIVE AND GENERAL | | | 9853 | 16088 | 5601456 | | 424840 | 1 |
| 2 SKILLED NURSING CARE | | | | | | | 1722615 | 2 |
| 3 PHYSICAL THERAPY | | | | | | | 1254069 | 3 |
| 4 OCCUPATIONAL THERAPY | | | | | | | 77914 | 4 |
| 5 SPEECH PATHOLOGY | | | | | | | 38390 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | | | | 54000 | 6 |
| 7 HOME HEALTH AIDE | | | | | | | 50027 | 7 |
| 8 SUPPLIES | | | | | | | 51318 | 8 |
| 9 DRUGS | | | | | | | 336 | 9 |
| 9.20 COST OF ADMINISTERING VACC | | | | | | | | 9.20 |
| 10 DME | | | | | | | 891874 | 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 | | | | | | | 5969241 | 19 |
| 19.50 TELEMEDICINE | | | | | | | | 19.50 |
| 20 TOTALS | | | 9853 | 16088 | 5601456 | | 10534624 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | | 163623 | 15403 | 245814 | | 2647225 | 21 |
| 22 UNIT COST MULTIPLIER | | | 16.606414 | | .043884 | | .251288 | 22 |
| 22 UNIT COST MULTIPLIER | | | | .957422 | | | | 22 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 12:36

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-5
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [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 | 2452364 | | 2452364 | 14622 | 167.72 | 1 |
| 2 | PHYSICAL THERAPY | 3 | 1785329 | | 1785329 | 13589 | 131.38 | 2 |
| 3 | OCCUPATIONAL THERAPY | 4 | 110921 | | 110921 | 1050 | 105.64 | 3 |
| 4 | SPEECH PATHOLOGY | 5 | 54653 | | 54653 | 423 | 129.20 | 4 |
| 5 | MEDICAL SOCIAL SERV | 6 | 76876 | | 76876 | 192 | 400.40 | 5 |
| 6 | HOME HEALTH AIDE SERV | 7 | 71220 | | 71220 | 734 | 97.03 | 6 |
| 7 | TOTAL | | 4551363 | | 4551363 | 30610 | | 7 |
| LIMITATION COST COMPUTATION | | | MSA | | | | PROGRAM | |
| PATIENT SERVICES | | | NO. | | | | COST | |
| | | | 1 | 2 | 3 | 4 | LIMITS | |
| 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 | | |
| OTHER PATIENT SERVICES | | WKST H-5, PART I, COL 29, LINE | COSTS | ANCILLARY COSTS | COSTS | CHARGES | RATIO | |
| | | 1 | 2 | 3 | 4 | 5 | | |
| 15 | COST OF MEDICAL SUPPLIES | 8 | 73058 | | 73058 | 48833 | 1.496078 | 15 |
| 16 | COST OF DRUGS | 9 | 478 | | 478 | | | 16 |
| 16.20 | COST OF ADMINISTERING VACCINES | 9.20 | | | | | | 16.20 |
| PER BENEFICIARY COST LIMITATION: | | | | | | MSA | | |
| | | | | | | NO. | AMOUNT | |
| | | | | | | 1 | 2 | |
| 17 | PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4 | | | | | 1600 | | 17 |
| 18 | PER BENEFICIARY COST LIMITATION | | | | | 1600 | | 18 |
| 19 | PER BENEFICIARY COST LIMITATION | | | | | | | 19 |

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-6
 PARTS II & III

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

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

| | FROM WKST C, PART I, COL 9, LINE | COST TO CHARGE RATIO | TOTAL HHA CHARGES | HHA SHARED ANCILLARY COSTS | TRANSFER TO PART I | |
|------|--|----------------------------|-------------------------|-------------------------------------|--------------------------|------|
| | | 1 | 2 | 3 | 4 | |
| 1 | PHYSICAL THERAPY 50 | .455217 | | | COL 2, LINE 2 | 1 |
| 2 | OCCUPATIONAL THERAPY 51 | .359760 | | | COL 2, LINE 3 | 2 |
| 3 | SPEECH PATHOLOGY 52 | .339523 | | | COL 2, LINE 4 | 3 |
| 4 | MEDICAL SUPPLIES CHARGED TO PA 55 | .324564 | | | COL 2, LINE 15 | 4 |
| 4.30 | IMPL. DEV. CHARGED TO PATIENT 55.30 | .455401 | | | COL 2, LINE 15 | 4.30 |
| 5 | DRUGS CHARGED TO PATIENTS 56 | .408802 | | | COL 2, LINE 16 | 5 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

| | FROM PART I COL. 5 | COST PER VISIT | PRIOR TO 1/1/98 | PROGRAM VISITS FROM 1/1/98 THRU 12/31/98 | PRIOR TO 1/1/98 | PROGRAM COST FROM 1/1/98 THRU 12/31/98 | PROGRAM VISITS ON OR AFTER 1/1/99 | |
|---|------------------------|-------------------|--------------------|--|--------------------|--|---|---|
| | 1 | 2 | 2.01 | 3 | 3.01 | 4 | 5 | |
| 1 | PHYSICAL THERAPY 2 | 131.38 | | | | | | 1 |
| 2 | OCCUPATIONAL THERAPY 3 | 105.64 | | | | | | 2 |
| 3 | SPEECH PATHOLOGY 4 | 129.20 | | | | | | 3 |
| 4 | TOTAL | | | | | | | 4 |

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7001

WORKSHEET H-7
 PARTS I & II

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

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

| DESCRIPTION | PART A 1 | PART B ----- | | |
|---|-------------|---|---|---|
| | | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2 | SUBJECT TO DEDUCTIBLES & COINSURANCE 3 | |
| 1 REASONABLE COST OF PROGRAM SERVICES | | | | 1 |
| 2 REASONABLE COST OF SERVICES | | | | |
| 2 TOTAL CHARGES | 5820841 | 3865094 | 1955747 | 2 |
| CUSTOMARY CHARGES | | | | |
| 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 3 |
| 4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) | | | | 4 |
| 5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000) | | | | 5 |
| 6 TOTAL CUSTOMARY CHARGES | 5820841 | 3865094 | 1955747 | 6 |
| 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | 5820841 | 3865094 | 1955747 | 7 |
| 8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES | | | | 8 |
| 9 PRIMARY PAYOR PAYMENTS | 12232 | 168 | | 9 |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| DESCRIPTION | PART A SERVICES 1 | PART B SERVICES 2 | |
|--|-------------------------|-------------------------|-------|
| | | | |
| 10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS | 4200033 | 2260317 | 10.01 |
| 10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | 3897 | | 10.02 |
| 10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES | 140581 | 113768 | 10.03 |
| 10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES | 43142 | 30357 | 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 | 1094 | | 10.07 |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES | | | 10.08 |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES | | | 10.09 |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES | | | 10.10 |
| 10.11 TOTAL OTHER PAYMENTS | | | 10.11 |
| 10.12 DME PAYMENTS | | | 10.12 |
| 10.13 OXYGEN PAYMENTS | | | 10.13 |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS | | | 10.14 |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE) | | | 11 |
| 12 SUBTOTAL | 4376515 | 2404274 | 12 |
| 13 EXCESS REASONABLE COST | | | 13 |
| 14 SUBTOTAL | 4376515 | 2404274 | 14 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | | 15 |
| 16 NET COST | 4376515 | 2404274 | 16 |
| 17 REIMBURSABLE BAD DEBTS | | | 17 |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | 17.01 |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 4376515 | 2404274 | 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 | 4376515 | 2404274 | 22 |
| 23 SEQUESTRATION ADJUSTMENT | | | 23 |
| 24 SUBTOTAL | 4376515 | 2404274 | 24 |
| 25 TOTAL INTERIM PAYMENTS | 4376515 | 2404274 | 25 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | 25.01 |
| 26 BALANCE DUE PROVIDER/PROGRAM | | | 26 |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | | 27 |

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

HHA NO.: 14-7001

WORKSHEET H-8

| DESCRIPTION | PART A | | PART B | | |
|---|----------------|-------------|----------------|-------------|------|
| | MO/DAY/YR 1 | AMOUNT 2 | MO/DAY/YR 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | | | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | 4376515 | | 2404274 | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM .01 | | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02 | | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST TO .03 | | NONE | | NONE | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04 | | | | | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05 | | | | | 3.05 |
| .50 | | | | | 3.50 |
| PROVIDER .51 | | | | | 3.51 |
| TO .52 | | NONE | | NONE | 3.52 |
| PROGRAM .53 | | | | | 3.53 |
| .54 | | | | | 3.54 |
| SUBTOTAL .99 | | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 4376515 | | 2404274 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01 | | | | | 5.01 |
| MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02 | | | | | 5.02 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03 | | | | | 5.03 |
| PROVIDER .50 | | | | | 5.50 |
| TO .51 | | | | | 5.51 |
| PROGRAM .52 | | | | | 5.52 |
| SUBTOTAL .99 | | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO | | | | | |
| (BALANCE DUE) BASED ON THE COST PROVIDER .01 | | | | | 6.01 |
| REPORT. PROVIDER TO .02 | | | | | 6.02 |
| PROGRAM | | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2300

WORKSHEET I-1

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

| | TOTAL COSTS | BASIS | STATISTICS | FTE PER 2080 HOURS | |
|--|-------------|--------------------|------------|--------------------|-------|
| | 1 | 2 | 3 | 4 | |
| 1 REGISTERED NURSES | 884139 | HRS OF SERVICE | 36359.00 | 17.48 | 1 |
| 2 LICENSED PRACTICAL NURSES | | HRS OF SERVICE | | | 2 |
| 3 NURSES AIDES | | HRS OF SERVICE | | | 3 |
| 4 TECHNICIANS | 682705 | HRS OF SERVICE | 46202.00 | 22.21 | 4 |
| 5 SOCIAL WORKERS | | HRS OF SERVICE | | | 5 |
| 6 DIETICIANS | | HRS OF SERVICE | | | 6 |
| 7 PHYSICIANS | 65100 | ACCUMULATED COST | | | 7 |
| 8 NON-PATIENT CARE SALARY | 133241 | ACCUMULATED COST | | | 8 |
| 9 SUBTOTAL | 1765185 | | | | 9 |
| 10 EMPLOYEE BENEFITS | 441206 | SALARY | | | 10 |
| 11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU | | SQUARE FEET | | | 11 |
| 12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT | | PERCENTAGE OF TIME | | | 12 |
| 13 MACHINES COSTS & REPAIRS | | PERCENTAGE OF TIME | | | 13 |
| 14 SUPPLIES | 781944 | REQUISITIONS | | | 14 |
| 15 DRUGS | 815565 | REQUISITIONS | | | 15 |
| 16 OTHER | 1179031 | ACCUMULATED COST | | | 16 |
| 17 SUBTOTAL | 4982931 | | | | 17 |
| 18 OLD CAP REL COSTS-BLDGS & FIXTURES | | SQUARE FEET | | | 18 |
| 19 OLD CAP REL COSTS-MOV EQUIPMENT | | PERCENTAGE OF TIME | | | 19 |
| 20 NEW CAP REL COSTS-BLDGS & FIXTURES | 161166 | SQUARE FEET | | | 20 |
| 21 NEW CAP REL COSTS-MOV EQUIPMENT | 97851 | PERCENTAGE OF TIME | | | 21 |
| 22 EMPLOYEE BENEFITS | 77463 | SALARY | | | 22 |
| 23 ADMINISTRATIVE AND GENERAL | 1336704 | ACCUMULATED COST | | | 23 |
| 24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING | 704376 | SQUARE FEET | | | 24 |
| 25 MEDICAL EDUCATION PROGRAM COSTS | | | | | 25 |
| 26 CENTRAL SERVICES & SUPPLIES | | REQUISITIONS | | | 26 |
| 27 PHARMACY | -1085085 | REQUISITIONS | | | 27 |
| 28 OTHER ALLOCATED COSTS | 631570 | ACCUMULATED COST | | | 28 |
| 29 SUBTOTAL | 6906976 | | | | 29 |
| 30 LABORATORY | | CHARGES | | | 30 |
| 30.01 VASCULAR LAB | | CHARGES | | | 30.01 |
| 31 RESPIRATORY THERAPY | | CHARGES | | | 31 |
| 32 BLANK | | CHARGES | | | 32 |
| 32.97 CARDIAC REHABILITATION | | CHARGES | | | 32.97 |
| 33 TOTAL COSTS | 6906976 | | | | 33 |

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2300

WORKSHEET I-2

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

| | ---CAPITAL AND--- | | DIRECT PATIENT | | | DRUGS | ROUTINE | | | SUB- | OVERHEAD | TOTAL |
|------------------------------------|-------------------|-----------|----------------|--------|----------|---------|---------|-----------|----------|---------|----------|-------|
| | BUILDING | EQUIPMENT | CARE | SALARY | EMPLOYEE | | MEDICAL | ANCILLARY | SERVICES | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 1 TOTAL RENAL DEPT COSTS | 865542 | 97851 | 884139 | 682705 | 518669 | -269520 | 781944 | | 3561330 | 3345646 | 6906976 | 1 |
| 2 MAINTENANCE | | | | | | | | | | | | |
| 3 HEMODIALYSIS | 865542 | 97851 | 884139 | 682705 | 518669 | -269520 | 781944 | | 3561330 | 3345646 | 6906976 | 2 |
| 4 INTERMITTENT PERITONEAL | | | | | | | | | | | | 3 |
| 5 TRAINING | | | | | | | | | | | | |
| 6 HEMODIALYSIS | | | | | | | | | | | | 4 |
| 7 INTERMITTENT PERITONEAL | | | | | | | | | | | | 5 |
| 8 CAPD | | | | | | | | | | | | 6 |
| 9 CCPD | | | | | | | | | | | | 7 |
| 10 HOME | | | | | | | | | | | | |
| 11 HEMODIALYSIS | | | | | | | | | | | | 8 |
| 12 INTERMITTENT PERITONEAL | | | | | | | | | | | | 9 |
| 13 CAPD | | | | | | | | | | | | 10 |
| 14 CCPD | | | | | | | | | | | | 11 |
| 15 OTHER BILLABLE SERVICES | | | | | | | | | | | | |
| 16 INPATIENT DIALYSIS | | | | | | | | | | | | 12 |
| 17 METHOD II HOME PATIENT | | | | | | | | | | | | 13 |
| 18 EPO (INCL IN RENAL DEPT) | | | | | | 685243 | | | | | | 14 |
| 14.01 ARANESP (INCL IN RENAL DEPT) | | | | | | 498311 | | | | | | 14.01 |
| 15 OTHER | | | | | | | | | | | | 15 |
| 16 TOTAL | 865542 | 97851 | 884139 | 682705 | 518669 | -269520 | 781944 | | 3561330 | 3345646 | 6906976 | 16 |
| 17 MEDICAL EDUC PGM COSTS | | | | | | | | | | | | 17 |
| 18 TOTAL RENAL COSTS | | | | | | | | | | | 6906976 | 18 |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2300

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

| | ---CAPITAL AND--- | | -DIRECT PATIENT- | | | DRGS | MEDICAL SUPPLIES | ROUTINE ANCILLARY SERVICES | SUB-TOTAL | OVERHEAD (ACCUM. COST) | | |
|-------|----------------------------------|-----------------------|------------------|----------------|-------------------|---------|------------------|----------------------------|-----------|------------------------|---------|-------|
| | RELATED COSTS | | CARE | SALARY | EMPLOYEE | | | | | | | |
| | BUILDING (SQUARE FEET) | EQUIPMENT (% OF TIME) | RNS (HOURS) | OTHERS (HOURS) | BENEFITS (SALARY) | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 1 | TOTAL RENAL DEPT COSTS | 865542 | 97851 | 884139 | 682705 | 518669 | -269520 | 781944 | | 3561330 | 3345646 | 1 |
| | MAINTENANCE | | | | | | | | | | | |
| 2 | HEMODIALYSIS | 9705 | 100.00 | 36359.00 | 55162.00 | 1765185 | 806518 | 586937 | | | | 2 |
| 3 | INTERMITTENT PERITONEAL TRAINING | | | | | | | | | | | 3 |
| 4 | HEMODIALYSIS | | | | | | | | | | | 4 |
| 5 | INTERMITTENT PERITONEAL | | | | | | | | | | | 5 |
| 6 | CAPD | | | | | | | | | | | 6 |
| 7 | CCPD | | | | | | | | | | | 7 |
| | HOME | | | | | | | | | | | |
| 8 | HEMODIALYSIS | | | | | | | | | | | 8 |
| 9 | INTERMITTENT PERITONEAL | | | | | | | | | | | 9 |
| 10 | CAPD | | | | | | | | | | | 10 |
| 11 | CCPD | | | | | | | | | | | 11 |
| | OTHER BILLABLE SERVICES | | | | | | | | | | | |
| 12 | INPT DIAL TRTMNTS | | | | | | | | | | | 13 |
| 13 | METHOD II HOME PATIENT | | | | | | | | | | | 14 |
| 14 | EPO | | | | | | | | | | | 14 |
| 14.01 | ARANESP | | | | | | | | | | | 14.01 |
| 15 | OTHER | | | | | | | | | | | 15 |
| 16 | TOTAL STATISTICAL BASIS | 9705 | 100.00 | 36359.00 | 55162.00 | 1765185 | 806518 | 586937 | | 3561330 | | 16 |
| 17 | UNIT COST MULTIPLIER | 89.185162 | | 24.316923 | | .293833 | | 1.332245 | | | | |
| | | 978.510000 | | | 12.376364 | | -.334177 | | | .939437 | | 17 |

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2300
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

| | NUMBER OF TOTAL TREATMENTS 1 | TOTAL COST 2 | AVG COST OF PROGRAM TREATMENTS 3 | NUMBER OF PROGRAM TREATMENTS 4 | TOTAL PROGRAM EXPENSES 5 | PAYMENT RATE 6 | TOTAL PROGRAM PAYMENT 7 | |
|--------------------------------------|---------------------------------------|--------------------|---|---|-----------------------------------|----------------------|----------------------------------|----|
| 1 MAINTENANCE - HEMODIALYSIS | 14683 | 6906976 | 470.41 | 12366 | 5817090 | 163.34 | 2019862 | 1 |
| 2 MAINTENANCE - PERITONEAL DIALYSIS | | | | | | | | 2 |
| 3 TRAINING - HEMODIALYSIS | | | | | | | | 3 |
| 4 TRAINING - PERITONEAL DIALYSIS | | | | | | | | 4 |
| 5 TRAINING - CAPD | | | | | | | | 5 |
| 6 TRAINING - CCPD | | | | | | | | 6 |
| 7 HOME PROGRAM - HEMODIALYSIS | 51 | | | 43 | | 153.14 | 6585 | 7 |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS | | | | | | | | 8 |
| | PATIENT WEEKS | | | PATIENT WEEKS | | | | |
| 9 HOME PROGRAM - CAPD | | | | | | | | 9 |
| 10 HOME PROGRAM - CCPD | 3103 | | | 438 | | 70.80 | 31010 | 10 |
| 11 TOTALS | 14734 | 6906976 | | 12409 | 5817090 | | 2057457 | 11 |

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2300

WORKSHEET I-5

| DESCRIPTION | | |
|-------------|---|-----------|
| 1 | TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES | 5817090 1 |
| 2 | TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11) | 2057457 2 |
| 3 | DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS | 281 3 |
| 4 | COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS | 458375 4 |
| 5 | BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES | 5 |
| 5.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 5.01 |
| 6 | NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS | 458656 6 |
| 7 | PROGRAM PAYMENT | 1645741 7 |
| 8 | UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9) | 8 |
| 9 | REIMBURSABLE BAD DEBTS | 9 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANS- PORTATION 3 | CONTRACTED SERVICES 4 | OTHER 5 | TOTAL 6 |
|--|---------------|---------------------------|--------------------------|-----------------------------|------------|------------|
| GENERAL SERVICE COST CENTER | | | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | | | 1 |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | | | 2 |
| 3 PLANT OPERATION AND MAINTENANCE | | | | | 58705 | 58705 3 |
| 4 TRANSPORTATION - STAFF | | | 72957 | | | 72957 4 |
| 5 VOLUNTEER SERVICE COORDINATION | 49496 | 12720 | | | | 62216 5 |
| 6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | 241013 | 61935 | | | 59019 | 361967 6 |
| 7 INPATIENT - GENERAL CARE | | | | | | 7 |
| 8 INPATIENT - RESPITE CARE VISITING SERVICES | | | | | | 8 |
| 9 PHYSICIAN SERVICES | 375077 | 96387 | | | | 471464 9 |
| 10 NURSING CARE | 955669 | 245588 | | | | 1201257 10 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | | | 10.20 |
| 11 PHYSICAL THERAPY | | | | | | 11 |
| 12 OCCUPATIONAL THERAPY | | | | | | 12 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | | | 13 |
| 14 MEDICAL SOCIAL SERVICES | 165202 | 42454 | | | | 207656 14 |
| 15 SPIRITUAL COUNSELING | 80047 | 20571 | | | | 100618 15 |
| 16 DIETARY COUNSELING | | | | | | 16 |
| 17 COUNSELING - OTHER | | | | | | 17 |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | | | | 18 |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | | | 18.20 |
| 19 OTHER | | | | 1379092 | | 1379092 19 |
| OTHER HOSPICE SERVICE COSTS | | | | | | |
| 20 DRUGS, BIOLOGICAL & INFUSION THERAPY | | | | | 231168 | 231168 20 |
| 20.30 ANALGESICS | | | | | | 20.30 |
| 20.31 SEDATIVES / HYPNOTICS | | | | | | 20.31 |
| 20.32 OTHER - SPECIFY | | | | | | 20.32 |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | 199313 | 199313 21 |
| 22 PATIENT TRANSPORTATION | | | | 24980 | | 24980 22 |
| 23 IMAGING SERVICES | | | | | | 23 |
| 24 LABS AND DIAGNOSTICS | | | | 6995 | | 6995 24 |
| 25 MEDICAL SUPPLIES | | | | | | 25 |
| 26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.) | | | | | | 26 |
| 27 RADIATION THERAPY | | | | | | 27 |
| 28 CHEMOTHERAPY | | | | | | 28 |
| 29 OTHER | | | | 5180 | | 5180 29 |
| HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | 51344 | 13194 | | | | 64538 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | 31 |
| 32 FUNDRAISING | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | 33 |
| 34 TOTAL | 1917848 | 492849 | 72957 | 1416247 | 548205 | 4448106 34 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K
 (CONTINUED)

| | RECLASSIFI- CATION 7 | SUBTOTAL 8 | ADJUSTMENTS 9 | TOTAL 10 | |
|-------|---|---------------|------------------|-------------|-------|
| 1 | GENERAL SERVICE COST CENTER | | | | 1 |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | 2 |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | 3 |
| 4 | PLANT OPERATION AND MAINTENANCE | 58705 | | 58705 | 3 |
| 5 | TRANSPORTATION - STAFF | 72957 | | 72957 | 4 |
| 6 | VOLUNTEER SERVICE COORDINATION | 62216 | | 62216 | 5 |
| 6 | ADMINISTRATIVE AND GENERAL | 361967 | | 361967 | 6 |
| 7 | INPATIENT CARE SERVICE | | | | 7 |
| 8 | INPATIENT - GENERAL CARE | | | | 8 |
| 8 | INPATIENT - RESPITE CARE | | | | 8 |
| 8 | VISITING SERVICES | | | | 8 |
| 9 | PHYSICIAN SERVICES | 471464 | | 471464 | 9 |
| 10 | NURSING CARE | 1201257 | | 1201257 | 10 |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | | | | 10.20 |
| 11 | PHYSICAL THERAPY | | | | 11 |
| 12 | OCCUPATIONAL THERAPY | | | | 12 |
| 13 | SPEECH/LANGUAGE PATHOLOGY | | | | 13 |
| 14 | MEDICAL SOCIAL SERVICES | 207656 | | 207656 | 14 |
| 15 | SPIRITUAL COUNSELING | 100618 | | 100618 | 15 |
| 16 | DIETARY COUNSELING | | | | 16 |
| 17 | COUNSELING - OTHER | | | | 17 |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | | | | 18 |
| 18.20 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | 18.20 |
| 19 | OTHER | 1379092 | | 1379092 | 19 |
| 19 | OTHER HOSPICE SERVICE COSTS | | | | 19 |
| 20 | DRUGS, BIOLOGICAL & INFUSION THERAPY | 231168 | | 231168 | 20 |
| 20.30 | ANALGESICS | | | | 20.30 |
| 20.31 | SEDATIVES / HYPNOTICS | | | | 20.31 |
| 20.32 | OTHER - SPECIFY | | | | 20.32 |
| 21 | DURABLE MEDICAL EQUIPMENT/OXYGEN | 199313 | | 199313 | 21 |
| 22 | PATIENT TRANSPORTATION | 24980 | | 24980 | 22 |
| 23 | IMAGING SERVICES | | | | 23 |
| 24 | LABS AND DIAGNOSTICS | 6995 | | 6995 | 24 |
| 25 | MEDICAL SUPPLIES | | | | 25 |
| 26 | OUTPATIENT SERVICES (INCLUDING E/R DEPT.) | | | | 26 |
| 27 | RADIATION THERAPY | | | | 27 |
| 28 | CHEMOTHERAPY | | | | 28 |
| 29 | OTHER | 5180 | | 5180 | 29 |
| 29 | HOSPICE NONREIMBURSABLE SERVICE | | | | 29 |
| 30 | BEREAVEMENT PROGRAM COSTS | 64538 | | 64538 | 30 |
| 31 | VOLUNTEER PROGRAM COSTS | | | | 31 |
| 32 | FUNDRAISING | | | | 32 |
| 33 | OTHER PROGRAM COSTS | | | | 33 |
| 34 | TOTAL | 4448106 | | 4448106 | 34 |

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1522

WORKSHEET K-1

| | ADMINI- STRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPER- VISORS 4 | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 | TOTAL 9 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | 49496 | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | 30671 | 166212 | | | 44130 | 6 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | 7 |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 8 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 9 |
| 11 | VISITING SERVICES | | | | | | | | 10 |
| 12 | PHYSICIAN SERVICES | | | | | | | 375077 | 11 |
| 13 | NURSING CARE | | | 88852 | 784801 | | 82016 | | 12 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 13 |
| 15 | PHYSICAL THERAPY | | | | | | | | 14 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 15 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 16 |
| 18 | MEDICAL SOCIAL SERVICES | | 165202 | | | | | | 17 |
| 19 | SPIRITUAL COUNSELING | | | | | | | 80047 | 18 |
| 20 | DIETARY COUNSELING | | | | | | | | 19 |
| 21 | COUNSELING - OTHER | | | | | | | | 20 |
| 22 | HH AIDE AND HOME MAKER | | | | | | | | 21 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 22 |
| 24 | OTHER | | | | | | | | 23 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | 24 |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 25 |
| 27 | ANALGESICS | | | | | | | | 26 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 27 |
| 29 | OTHER - SPECIFY | | | | | | | | 28 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 29 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 30 |
| 32 | IMAGING SERVICES | | | | | | | | 31 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 32 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 33 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 34 |
| 36 | RADIATION THERAPY | | | | | | | | 35 |
| 37 | CHEMOTHERAPY | | | | | | | | 36 |
| 38 | OTHER | | | | | | | | 37 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | 38 |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | 51344 | 39 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 40 |
| 42 | FUNDRAISING | | | | | | | | 41 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 42 |
| 44 | TOTAL | | 165202 | 119523 | 951013 | | 82016 | 600094 | 1917848 |

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 14-1522

WORKSHEET K-3

| | ADMINI- STRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPER- VISORS 4 | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 | TOTAL 9 |
|-------|-------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | | | | | 10 |
| 10.20 | | | | | | | | | 10.20 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 18.20 | | | | | | | | | 18.20 |
| 19 | | | | | | | | 1379092 | 1379092 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 20.30 | | | | | | | | | 20.30 |
| 20.31 | | | | | | | | | 20.31 |
| 20.32 | | | | | | | | | 20.32 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | 24980 | 24980 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | 6995 | 6995 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | 5180 | 5180 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | | | | | | | | 1416247 | 1416247 |

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART I

| | NET EXPENSES FOR COST ALLOCATION 0 | CAP REL COST BLDG & FIXTURES 1 | CAP REL MOVABLE EQUIPMENT 2 | PLANT OPERATN & MAINT 3 | TRANSPOR- TATION 4 | VOLUNTEER SERV. CO- ORDINATOR 5 | SUBTOTAL 5A | ADMIN & GENERAL 6 | TOTAL 7 | |
|-------|---|---|--------------------------------------|----------------------------------|--------------------------|--|----------------|-------------------------|------------|-------|
| 1 | | | | | | | | | | 1 |
| 2 | | | | | | | | | | 2 |
| 3 | | | | 58705 | | | | | | 3 |
| 4 | | | | | 72957 | | | | | 4 |
| 5 | | | | | | 62216 | | | | 5 |
| 6 | 361967 | | | | | | 361967 | 361967 | | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| 9 | 471464 | | | 7012 | 8715 | 7432 | 494623 | 43816 | 538439 | 9 |
| 10 | 1201257 | | | 17867 | 22204 | 18935 | 1260263 | 111639 | 1371902 | 10 |
| 10.20 | | | | | | | | | | 10.20 |
| 11 | | | | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | | | | | | | | | | 13 |
| 14 | 207656 | | | 3089 | 3838 | 3273 | 217856 | 19299 | 237155 | 14 |
| 15 | 100618 | | | 1497 | 1860 | 1586 | 105561 | 9351 | 114912 | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| 18.20 | | | | | | | | | | 18.20 |
| 19 | 1379092 | | | 20511 | 25491 | 21738 | 1446832 | 128166 | 1574998 | 19 |
| 20 | 231168 | | | 3438 | 4273 | 3644 | 242523 | 21484 | 264007 | 20 |
| 20.30 | | | | | | | | | | 20.30 |
| 20.31 | | | | | | | | | | 20.31 |
| 20.32 | | | | | | | | | | 20.32 |
| 21 | 199313 | | | 2964 | 3684 | 3142 | 209103 | 18523 | 227626 | 21 |
| 22 | 24980 | | | 372 | 462 | 394 | 26208 | 2322 | 28530 | 22 |
| 23 | | | | | | | | | | 23 |
| 24 | 6995 | | | 104 | 129 | 110 | 7338 | 650 | 7988 | 24 |
| 25 | | | | 814 | 1012 | 863 | 2689 | 238 | 2927 | 25 |
| 26 | | | | | | | | | | 26 |
| 27 | | | | | | | | | | 27 |
| 28 | | | | | | | | | | 28 |
| 29 | 5180 | | | 77 | 96 | 82 | 5435 | 481 | 5916 | 29 |
| 30 | 64538 | | | 960 | 1193 | 1017 | 67708 | 5998 | 73706 | 30 |
| 31 | | | | | | | | | | 31 |
| 32 | | | | | | | | | | 32 |
| 33 | | | | | | | | | | 33 |
| 34 | 4448106 | | | 58705 | 72957 | 62216 | 4448106 | | 4448106 | 34 |

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART II

| | CAP REL COST BLDG & FIXTURES (SQUARE FEET) 1 | CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATN & MAINT (SQUARE FEET) 3 | TRANSPO- RTATION (MILEAGE) 4 | VOLUNTEER SERV. CO- ORDINATOR (HOURS) 5 | RECONCIL- IATION 6A | ADMIN & GENERAL (ACCUM COST) 6 | |
|--|---|---|--|---------------------------------------|---|---------------------------|--|-------|
| GENERAL SERVICE COST CENTER | | | | | | | | |
| 1 CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 2 CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 3 PLANT OPERATION & MAINT. | | | 58706 | | | | | 3 |
| 4 TRANSPORTATION - STAFF | | | | 72957 | | | | 4 |
| 5 VOLUNTEER SERVICE COORD. | | | | | 62216 | | | 5 |
| 6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | | | | | | -361967 | 4086139 | 6 |
| 7 INPATIENT - GENERAL CARE | | | | | | | | 7 |
| 8 INPATIENT - RESPITE CARE VISITING SERVICES | | | | | | | | 8 |
| 9 PHYSICIAN SERVICES | | | 7012 | 8715 | 7432 | | 494623 | 9 |
| 10 NURSING CARE | | | 17867 | 22204 | 18935 | | 1260263 | 10 |
| 10.20 NURSING CARE-CONTINUOUS HOME | | | | | | | | 10.20 |
| 11 PHYSICAL THERAPY | | | | | | | | 11 |
| 12 OCCUPATIONAL THERAPY | | | | | | | | 12 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 13 |
| 14 MEDICAL SOCIAL SERVICES | | | 3089 | 3838 | 3273 | | 217856 | 14 |
| 15 SPIRITUAL COUNSELING | | | 1497 | 1860 | 1586 | | 105561 | 15 |
| 16 DIETARY COUNSELING | | | | | | | | 16 |
| 17 COUNSELING - OTHER | | | | | | | | 17 |
| 18 HH AIDE AND HOMEMAKER | | | | | | | | 18 |
| 18.20 HH AIDE & HMKR-CONT. HOME CA | | | | | | | | 18.20 |
| 19 OTHER | | | 20512 | 25491 | 21738 | | 1446832 | 19 |
| OTHER HOSPICE SERVICE COSTS | | | | | | | | |
| 20 DRUGS, BIOL. & INFUS. THER. | | | 3438 | 4273 | 3644 | | 242523 | 20 |
| 20.30 ANALGESICS | | | | | | | | 20.30 |
| 20.31 SEDATIVES / HYPNOTICS | | | | | | | | 20.31 |
| 20.32 OTHER - SPECIFY | | | | | | | | 20.32 |
| 21 DURABLE MED. EQUIP./OXYGEN | | | 2964 | 3684 | 3142 | | 209103 | 21 |
| 22 PATIENT TRANSPORTATION | | | 372 | 462 | 394 | | 26208 | 22 |
| 23 IMAGING SERVICES | | | | | | | | 23 |
| 24 LABS AND DIAGNOSTICS | | | 104 | 129 | 110 | | 7338 | 24 |
| 25 MEDICAL SUPPLIES | | | 814 | 1012 | 863 | | 2689 | 25 |
| 26 OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 26 |
| 27 RADIATION THERAPY | | | | | | | | 27 |
| 28 CHEMOTHERAPY | | | | | | | | 28 |
| 29 OTHER | | | 77 | 96 | 82 | | 5435 | 29 |
| HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | 960 | 1193 | 1017 | | 67708 | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 32 FUNDRAISING | | | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 33 |
| 34 COST TO BE ALLOCATED | | | 58705 | 72957 | 62216 | | 361967 | 34 |
| 35 UNIT COST MULTIPLIER | | | .999983 | 1.000000 | 1.000000 | | .088584 | 35 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART I

| HOSPICE COST CENTER | PARAMED EDUCATION 24 | PARAMED EDUCATION MED TECH 24.01 | PARAMED EDUCATION ANESTHESIA 24.02 | SUBTOTAL 25 | I&R COST & POST STEP- DOWN ADJS 26 | SUBTOTAL 27 | ALLOCATED HOSPICE A & G 28 | TOTAL HOSPICE COSTS 29 | |
|-----------------------------------|----------------------------|---|---|----------------|---|----------------|-------------------------------------|---------------------------------|-------|
| 1 ADMINISTRATIVE AND GENERAL | | | | 650380 | | 650380 | | | 1 |
| 2 INPATIENT - GENERAL CARE | | | | | | | | | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | 673742 | | 673742 | 78728 | 752470 | 4 |
| 5 NURSING CARE | | | | 1716645 | | 1716645 | 200593 | 1917238 | 5 |
| 5.20 NURSING CARE-CONTINUOUS HOM | | | | | | | | | 5.20 |
| 6 PHYSICAL THERAPY | | | | | | | | | 6 |
| 7 OCCUPATIONAL THERAPY | | | | | | | | | 7 |
| 8 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | | 8 |
| 9 MEDICAL SOCIAL SERV. - DIRE | | | | 296749 | | 296749 | 34676 | 331425 | 9 |
| 10 SPIRITUAL COUNSELING | | | | 143788 | | 143788 | 16802 | 160590 | 10 |
| 11 DIETARY COUNSELING | | | | | | | | | 11 |
| 12 COUNSELING - OTHER | | | | | | | | | 12 |
| 13 HOME HLTH AIDE & HOMEMAKERS | | | | | | | | | 13 |
| 13.20 HH AIDE & HMKR-CONT. HOME C | | | | | | | | | 13.20 |
| 14 OTHER | | | | 1970776 | | 1970776 | 230288 | 2201064 | 14 |
| 15 DRUGS,BIOLOGICALS & INFUSIO | | | | 330349 | | 330349 | 38602 | 368951 | 15 |
| 15.30 ANALGESICS | | | | | | | | | 15.30 |
| 15.31 SEDATIVES / HYPNOTICS | | | | | | | | | 15.31 |
| 15.32 OTHER - SPECIFY | | | | | | | | | 15.32 |
| 16 DURABLE MED. EQUIP./OXYGEN | | | | 284826 | | 284826 | 33282 | 318108 | 16 |
| 17 PATIENT TRANSPORTATION | | | | 35699 | | 35699 | 4171 | 39870 | 17 |
| 18 IMAGING SERVICES | | | | | | | | | 18 |
| 19 LABS AND DIAGNOSTICS | | | | 9995 | | 9995 | 1168 | 11163 | 19 |
| 20 MEDICAL SUPPLIES | | | | 3663 | | 3663 | 428 | 4091 | 20 |
| 21 OUTPAT. SERV.(INCL.E/R DEPT | | | | | | | | | 21 |
| 22 RADIATION THERAPY | | | | | | | | | 22 |
| 23 CHEMOTHERAPY | | | | | | | | | 23 |
| 24 OTHER | | | | 7403 | | 7403 | 865 | 8268 | 24 |
| 25 BEREAVEMENT PROGRAM COSTS | | | | 92227 | | 92227 | 10777 | 103004 | 25 |
| 26 VOLUNTEER PROGRAM COSTS | | | | | | | | | 26 |
| 27 FUNDRAISING | | | | | | | | | 27 |
| 28 OTHER PROGRAM COSTS | | | | | | | | | 28 |
| 29 TOTALS | | | | 6216242 | | 6216242 | | 6216242 | 29 |
| 30 UNIT COST MULTIPLIER | | | | | | | .116852 | | 30 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

| HOSPICE COST CENTER | OLD CAP BLDGS & FIXTURES SQUARE FEET | OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE | NEW CAP BLDGS & FIXTURES SQUARE FEET | NEW CAP MOVABLE EQUIPMENT DEPR. EXPENSE | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILIATION | ADMINIS- TRATIVE & GENERAL ACCUM COST | MAIN- TENANCE & REPAIRS SQUARE FEET |
|-----------------------------------|--|--|--|---|---|---------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6A | 6 | 7 |
| 1 ADMINISTRATIVE AND GENERAL | | | 3936 | 4684 | 1917848 | | 154011 | 1 |
| 2 INPATIENT - GENERAL CARE | | | | | | | | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | | | 538439 | 4 |
| 5 NURSING CARE | | | | | | | 1371902 | 5 |
| 5.20 NURSING CARE-CONTINUOUS HOM | | | | | | | | 5.20 |
| 6 PHYSICAL THERAPY | | | | | | | | 6 |
| 7 OCCUPATIONAL THERAPY | | | | | | | | 7 |
| 8 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 8 |
| 9 MEDICAL SOCIAL SERV. - DIRE | | | | | | | 237155 | 9 |
| 10 SPIRITUAL COUNSELING | | | | | | | 114912 | 10 |
| 11 DIETARY COUNSELING | | | | | | | | 11 |
| 12 COUNSELING - OTHER | | | | | | | | 12 |
| 13 HOME HLTH AIDE & HOMEMAKERS | | | | | | | | 13 |
| 13.20 HH AIDE & HMKR-CONT. HOME C | | | | | | | | 13.20 |
| 14 OTHER | | | | | | | 1574998 | 14 |
| 15 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | 264007 | 15 |
| 15.30 ANALGESICS | | | | | | | | 15.30 |
| 15.31 SEDATIVES / HYPNOTICS | | | | | | | | 15.31 |
| 15.32 OTHER - SPECIFY | | | | | | | | 15.32 |
| 16 DURABLE MED. EQUIP./OXYGEN | | | | | | | 227626 | 16 |
| 17 PATIENT TRANSPORTATION | | | | | | | 28530 | 17 |
| 18 IMAGING SERVICES | | | | | | | | 18 |
| 19 LABS AND DIAGNOSTICS | | | | | | | 7988 | 19 |
| 20 MEDICAL SUPPLIES | | | | | | | 2927 | 20 |
| 21 OUTPAT. SERV.(INCL.E/R DEPT | | | | | | | | 21 |
| 22 RADIATION THERAPY | | | | | | | | 22 |
| 23 CHEMOTHERAPY | | | | | | | | 23 |
| 24 OTHER | | | | | | | 5916 | 24 |
| 25 BEREAVEMENT PROGRAM COSTS | | | | | | | 73706 | 25 |
| 26 VOLUNTEER PROGRAM COSTS | | | | | | | | 26 |
| 27 FUNDRAISING | | | | | | | | 27 |
| 28 OTHER PROGRAM COSTS | | | | | | | | 28 |
| 29 TOTAL | | | 3936 | 4684 | 1917848 | | 4602117 | 29 |
| 30 TOTAL COST TO BE ALLOCATED | | | 65363 | 4485 | 84163 | | 1156457 | 30 |
| 31 UNIT COST MULTIPLIER | | | 16.606453 | | .043884 | | .251288 | 31 |
| 31 UNIT COST MULTIPLIER | | | | .957515 | | | | 31 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

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

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

| | WKST C, PART I, COL. 9, LINE 0 | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCILLARY COSTS 3 |
|--------------------------------|--|---------------------------------|----------------------------------|--|
| ANCILLARY SERVICE COST CENTERS | | | | |
| 1 | PHYSICAL THERAPY | 50 | 0.455217 | 1 |
| 2 | OCCUPATIONAL THERAPY | 51 | 0.359760 | 2 |
| 3 | SPEECH/LANGUAGE PATHOLOGY | 52 | 0.339523 | 3 |
| 4 | DRUGS, BIOLOGICALS AND INFUSION | 56 | 0.408802 | 4 |
| 5 | DURABLE MEDICAL EQUIPMENT/OXYGEN | 67 | | 5 |
| 6 | LABS AND DIAGNOSTICS | 44 | 0.180309 | 6 |
| 6.01 | VASCULAR LAB | 44.01 | 0.113400 | 6.01 |
| 7 | MEDICAL SUPPLIES | 55 | 0.324564 | 7 |
| 7.30 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 0.455401 | 7.30 |
| 8 | OUTPATIENT SERVICES (INCL. E/R DEPT) | 61 | 0.194422 | 8 |
| 8.01 | DENTAL CLINIC | 61.01 | 0.531373 | 8.01 |
| 8.02 | CHILD & ADOLESCENT CTR. | 61.02 | 1.298309 | 8.02 |
| 8.03 | ADOLESCENT DAY HOSP. | 61.03 | 0.591518 | 8.03 |
| 8.06 | OP CHAPMAN CENTER | 61.06 | 0.604872 | 8.06 |
| 9 | RADIATION THERAPY | 41 | 0.280128 | 9 |
| 10 | BLANK | 59 | | 10 |
| 10.97 | CARDIAC REHABILITATION | 59.97 | 0.860996 | 10.97 |
| 11 | TOTALS | | | 11 |

PROVIDER NO. 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 12:36

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1522

WORKSHEET K-6

| COMPUTATION OF PER DIEM COST | | TITLE XVIII | TITLE XIX | OTHER | TOTAL | |
|------------------------------|-------------------------------|-------------|-----------|-------|---------|----|
| | | 1 | 2 | 3 | 4 | |
| 1 | TOTAL COST | | | | 6216242 | 1 |
| 2 | TOTAL UNDUPLICATED DAYS | | | | 18268 | 2 |
| 3 | AGGREGATE COST PER DIEM | | | | 340.28 | 3 |
| 4 | UNDUPLICATED MEDICARE DAYS | 18268 | | | | 4 |
| 5 | AGGREGATE MEDICARE COST | 6216235 | | | | 5 |
| 6 | UNDUPLICATED MEDICAID DAYS | | | | | 6 |
| 7 | AGGREGATE MEDICAID COST | | | | | 7 |
| 8 | UNDUPLICATED SNF DAYS | | | | | 8 |
| 9 | AGGREGATE SNF COST | | | | | 9 |
| 10 | UNDUPLICATED NF DAYS | | | | | 10 |
| 11 | AGGREGATE NF COST | | | | | 11 |
| 12 | OTHER UNDUPLICATED DAYS | | | | | 12 |
| 13 | AGGREGATE COST FOR OTHER DAYS | | | | | 13 |

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | HOSPITAL (14-0010) (14-0010) | SUB I | SUB II | SUB III | SUB IV |
|---|---|----------|--------|---------|--------|
| PART I - FULLY PROSPECTIVE METHOD | | | | | |
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | | | | 1 |
| | CAPITAL FEDERAL AMOUNT | | | | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 9694392 | | | 2 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 | | | | 3 |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997 | 446479 | | | 3.01 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | |
| 4 | TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] | 392.68 | | | 4 |
| | [E,PT A,LN.3.17][x E-3,PT VI,LN.1] | | | | |
| 4.01 | NO. OF INTERNS & RESIDENTS | 147.76 | 0.00 | 147.76 | 4.01 |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | | | 11.20 | 4.02 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT | | | 1085772 | 4.03 |
| 5 | % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS | | | 0.0160 | 5 |
| 5.01 | % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I | | | 0.1114 | 5.01 |
| 5.02 | SUM OF LINES 5 AND 5.01 | | | 0.1274 | 5.02 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | | | 0.0261 | 5.03 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | | | 253024 | 5.04 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 11479667 | | | 6 |
| PART II - HOLD HARMLESS METHOD | | | | | |
| 1 | NEW CAPITAL | | | | 1 |
| 2 | OLD CAPITAL | | | | 2 |
| 3 | TOTAL CAPITAL | | | | 3 |
| 4 | RATIO OF NEW CAPITAL TO TOTAL CAPITAL | | | | 4 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | | | | 5 |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | | | | 6 |
| 7 | REDUCED OLD CAPITAL AMOUNT | | | | 7 |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | | | | 8 |
| 9 | SUBTOTAL | | | | 9 |
| 10 | PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9) | | | | 10 |
| PART III - PAYMENT UNDER REASONABLE COST | | | | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | | | | 1 |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | | | | 2 |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL | | | | 3 |
| 4 | CAPITAL COST PAYMENT FACTOR | | | | 4 |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | | | | 5 |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | | | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | | | | 1 |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES | | | | 2 |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | | | | 3 |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | | | | 4 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | | | | 5 |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES | | | | 6 |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES | | | | 7 |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | | | | 8 |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | | | | 9 |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS | | | | 10 |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT | | | | 11 |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS | | | | 12 |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | | | | 13 |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | | | | 14 |
| 15 | CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS) | | | | 15 |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS) | | | | 16 |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | | | | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS | SUBTOTAL | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL |
|--------------------------------------|--------------------------------------|----------|----------|---------------------------------------|-------|
| | 0 | 4A | 25 | 26 | 27 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 9 |
| 10 HOUSEKEEPING | | | | | 10 |
| 11 DIETARY | | | | | 11 |
| 12 CAFETERIA | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | 15 |
| 16 PHARMACY | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | 17 |
| 18 SOCIAL SERVICE | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | 20 |
| 21 NURSING SCHOOL | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | 23 |
| 24 PARAMED ED PRGM-PHARMACY RESID | | | | | 24 |
| 24.01 PARAMED ED PRGM-MEDICAL TECH | | | | | 24.01 |
| 24.02 PARAMED ED PRGM-SCHOOL OF ANES | | | | | 24.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | 27 |
| 27.01 INTENSIVE CARE UNIT - GB | | | | | 27.01 |
| 27.02 ISCU | | | | | 27.02 |
| 31 SUBPROVIDER I | | | | | 31 |
| 31.01 SUBPROVIDER 2 - REHAB | | | | | 31.01 |
| 33 NURSERY | | | | | 33 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 CAT SCAN | | | | | 43.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 VASCULAR LAB | | | | | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TR | | | | | 47 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 58 ASC (NON-DISTINCT PART) | | | | | 58 |
| 58.01 CARDIAC CATHETER LAB | | | | | 58.01 |
| 59 BLANK | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | | | | | 60.02 |
| 60.03 CANCER CARE CENTER | | | | | 60.03 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 DENTAL CLINIC | | | | | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | | | | | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | | | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | | | | | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 69.10 CMHC | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | 69.20 |

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 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAP | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | 85.03 |
| 93 HOSPICE | | | | | 93 |
| 95 SUBTOTALS | | | | | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 97 RESEARCH | | | | | 97 |
| 99.01 NON-ALLOWABLE COST | | | | | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | 102 |
| 103 TOTAL | | | | | 103 |
| 104 TOTAL STATISTICAL BASIS | | | | | 104 |
| 105 UNIT COST MULTIPLIER | | | | | 105 |
| 105 UNIT COST MULTIPLIER | | | | | 105 |

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

HOSPITAL

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 44.44 | | 7.37 | | | | 51.81 25 |
| 26 INTENSIVE CARE UNIT | 59.52 | | 5.63 | | | | 65.15 26 |
| 27 CORONARY CARE UNIT | 65.63 | | 8.75 | | | | 74.38 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 69.28 | | 3.74 | | | | 73.02 27.01 |
| 27.02 ISCU | | | 40.39 | | | | 40.39 27.02 |
| 33 NURSERY | | | 15.26 | | | | 15.26 33 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 37 OPERATING ROOM | 18.25 | 10.34 | 2.01 | | | | 30.60 37 |
| 39 DELIVERY ROOM & LABOR ROOM | 0.34 | 0.08 | 23.95 | | | | 24.37 39 |
| 41 RADIOLOGY-DIAGNOSTIC | 11.00 | 20.72 | 1.58 | | | | 33.30 41 |
| 42 RADIOLOGY-THERAPEUTIC | 2.19 | 44.81 | 0.35 | | | | 47.35 42 |
| 43 RADIOISOTOPE | 7.24 | 39.02 | 0.57 | | | | 46.83 43 |
| 43.01 CAT SCAN | 12.24 | 24.99 | 1.20 | | | | 38.43 43.01 |
| 44 LABORATORY | 24.56 | 3.89 | 2.99 | | | | 31.44 44 |
| 44.01 VASCULAR LAB | 24.74 | 28.85 | 2.15 | | | | 55.74 44.01 |
| 47 BLOOD STORING, PROCESSING & TRA | 33.27 | 11.54 | 7.35 | | | | 52.16 47 |
| 48 INTRAVENOUS THERAPY | 54.64 | 2.60 | 5.05 | | | | 62.29 48 |
| 49 RESPIRATORY THERAPY | 38.50 | 3.40 | 17.23 | | | | 59.13 49 |
| 50 PHYSICAL THERAPY | 13.95 | 22.09 | 1.06 | | | | 37.10 50 |
| 51 OCCUPATIONAL THERAPY | 37.69 | 6.07 | 3.40 | | | | 47.16 51 |
| 52 SPEECH PATHOLOGY | 49.04 | 9.54 | 2.59 | | | | 61.17 52 |
| 53 ELECTROCARDIOLOGY | 25.14 | 29.53 | 2.11 | | | | 56.78 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 29.73 | 13.22 | 3.23 | | | | 46.18 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 35.81 | 12.93 | 2.02 | | | | 50.76 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 16.33 | 26.21 | 2.62 | | | | 45.16 56 |
| 57 RENAL DIALYSIS | 12.48 | 11.64 | 0.93 | | | | 25.05 57 |
| 58 ASC (NON-DISTINCT PART) | 0.74 | 28.97 | 0.02 | | | | 29.73 58 |
| 58.01 CARDIAC CATHETER LAB | 33.85 | 25.10 | 1.53 | | | | 60.48 58.01 |
| 59.97 CARDIAC REHABILITATION | 0.07 | 54.64 | | | | | 54.71 59.97 |
| 60 CLINIC | 0.20 | 62.63 | 0.02 | | | | 62.85 60 |
| 60.02 GASTRO-INTESTINAL UNIT | 6.04 | 29.79 | 0.42 | | | | 36.25 60.02 |
| 60.03 CANCER CARE CENTER | 0.80 | 54.93 | 0.01 | | | | 55.74 60.03 |
| 61 EMERGENCY | 20.03 | 14.61 | 2.08 | | | | 36.72 61 |
| 61.01 DENTAL CLINIC | 0.73 | 0.36 | 0.28 | | | | 1.37 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 0.01 | 0.01 | 0.16 | | | | 0.18 61.02 |
| 61.06 OP CHAPMAN CENTER | 0.36 | 8.52 | 0.11 | | | | 8.99 61.06 |
| 101 TOTAL CHARGES | 16.31 | 17.01 | 2.33 | | | | 35.65 101 |

***** 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 | 20.98 | | | | | | 20.98 31 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 37 OPERATING ROOM | 0.02 | 0.01 | | | | | 0.03 37 |
| 41 RADIOLOGY-DIAGNOSTIC | 0.02 | | | | | | 0.02 41 |
| 42 RADIOLOGY-THERAPEUTIC | 0.02 | | | | | | 0.02 42 |
| 43 RADIOISOTOPE | 0.02 | | | | | | 0.02 43 |
| 43.01 CAT SCAN | 0.04 | | | | | | 0.04 43.01 |
| 44 LABORATORY | 0.17 | | | | | | 0.17 44 |
| 44.01 VASCULAR LAB | 0.05 | | | | | | 0.05 44.01 |
| 47 BLOOD STORING, PROCESSING & TRA | 0.01 | | | | | | 0.01 47 |
| 48 INTRAVENOUS THERAPY | 0.02 | | | | | | 0.02 48 |
| 49 RESPIRATORY THERAPY | 0.09 | | | | | | 0.09 49 |
| 50 PHYSICAL THERAPY | 0.04 | 0.01 | | | | | 0.05 50 |
| 51 OCCUPATIONAL THERAPY | 0.54 | | | | | | 0.54 51 |
| 52 SPEECH PATHOLOGY | 0.06 | | | | | | 0.06 52 |
| 53 ELECTROCARDIOLOGY | 0.04 | | | | | | 0.04 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 0.01 | | | | | | 0.01 55 |
| 56 DRUGS CHARGED TO PATIENTS | 0.16 | 0.01 | | | | | 0.17 56 |
| 57 RENAL DIALYSIS | 0.01 | | | | | | 0.01 57 |
| 60.02 GASTRO-INTESTINAL UNIT | 0.02 | | | | | | 0.02 60.02 |
| 61 EMERGENCY | 0.18 | | | | | | 0.18 61 |
| 61.06 OP CHAPMAN CENTER | 0.88 | 4.44 | | | | | 5.32 61.06 |
| 101 TOTAL CHARGES | 0.07 | 0.02 | | | | | 0.09 101 |

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

SUBPROVIDER II

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 31.01 SUBPROVIDER 2 - REHAB | 63.54 | | | | | | 63.54 31.01 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 0.09 | | | | | | 0.09 41 |
| 42 RADIOLOGY-THERAPEUTIC | 0.22 | | | | | | 0.22 42 |
| 43 RADIOISOTOPE | 0.03 | | | | | | 0.03 43 |
| 43.01 CAT SCAN | 0.11 | | | | | | 0.11 43.01 |
| 44 LABORATORY | 0.24 | | | | | | 0.24 44 |
| 44.01 VASCULAR LAB | 0.81 | | | | | | 0.81 44.01 |
| 47 BLOOD STORING, PROCESSING & TRA | 0.25 | | | | | | 0.25 47 |
| 48 INTRAVENOUS THERAPY | 0.81 | | | | | | 0.81 48 |
| 49 RESPIRATORY THERAPY | 0.55 | | | | | | 0.55 49 |
| 50 PHYSICAL THERAPY | 2.62 | | | | | | 2.62 50 |
| 51 OCCUPATIONAL THERAPY | 15.16 | | | | | | 15.16 51 |
| 52 SPEECH PATHOLOGY | 12.69 | | | | | | 12.69 52 |
| 53 ELECTROCARDIOLOGY | 0.07 | | | | | | 0.07 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 0.12 | 0.04 | | | | | 0.16 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 0.01 | | | | | | 0.01 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 0.40 | | | | | | 0.40 56 |
| 57 RENAL DIALYSIS | 0.29 | | | | | | 0.29 57 |
| 61.06 OP CHAPMAN CENTER | 0.02 | | | | | | 0.02 61.06 |
| 101 TOTAL CHARGES | 0.23 | | | | | | 0.23 101 |

| 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 | 45346369 | 4.70 | -45346369 | -11.63 | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 39853803 | 4.13 | -39853803 | -10.22 | | 4 |
| 5 | EMPLOYEE BENEFITS | 15335435 | 1.59 | -15335435 | -3.93 | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 162947418 | 16.90 | -162947418 | -41.78 | | 6 |
| 7 | MAINTENANCE & REPAIRS | | | | | | 7 |
| 8 | OPERATION OF PLANT | 37381944 | 3.88 | -37381944 | -9.59 | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 3764623 | .39 | -3764623 | -.97 | | 9 |
| 10 | HOUSEKEEPING | 10786185 | 1.12 | -10786185 | -2.77 | | 10 |
| 11 | DIETARY | 10080987 | 1.05 | -10080987 | -2.58 | | 11 |
| 12 | CAFETERIA | 988688 | .10 | -988688 | -.25 | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 10461560 | 1.08 | -10461560 | -2.68 | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 10814943 | 1.12 | -10814943 | -2.77 | | 15 |
| 16 | PHARMACY | 7335889 | .76 | -7335889 | -1.88 | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 5750021 | .60 | -5750021 | -1.47 | | 17 |
| 18 | SOCIAL SERVICE | 3168201 | .33 | -3168201 | -.81 | | 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 | 25739043 | 2.67 | -25739043 | -6.60 | | 23 |
| 24 | PARAMED ED PRGM-PHARMACY RESIDE | 164518 | .02 | -164518 | -.04 | | 24 |
| 24.01 | PARAMED ED PRGM-MEDICAL TECH | 66795 | .01 | -66795 | -.02 | | 24.01 |
| 24.02 | PARAMED ED PRGM-SCHOOL OF ANEST | | | | | | 24.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 55885644 | 5.80 | 81643708 | 20.94 | 137529352 | 14.26 |
| 26 | INTENSIVE CARE UNIT | 9599850 | 1.00 | 7657463 | 1.96 | 17257313 | 1.79 |
| 27 | CORONARY CARE UNIT | 5197410 | .54 | 4479849 | 1.15 | 9677259 | 1.00 |
| 27.01 | INTENSIVE CARE UNIT - GB | 4160687 | .43 | 3588867 | .92 | 7749554 | .80 |
| 27.02 | ISCU | 9495894 | .98 | 5607644 | 1.44 | 15103538 | 1.57 |
| 31 | SUBPROVIDER I | 4709475 | .49 | 4879677 | 1.25 | 9589152 | .99 |
| 31.01 | SUBPROVIDER 2 - REHAB | 2034537 | .21 | 2287798 | .59 | 4322335 | .45 |
| 33 | NURSERY | 4124180 | .43 | 1428348 | .37 | 5552528 | .58 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 29445032 | 3.05 | 29797414 | 7.64 | 59242446 | 6.14 |
| 39 | DELIVERY ROOM & LABOR ROOM | 9828102 | 1.02 | 8651287 | 2.22 | 18479389 | 1.92 |
| 41 | RADIOLOGY-DIAGNOSTIC | 24109111 | 2.50 | 20721549 | 5.31 | 44830660 | 4.65 |
| 42 | RADIOLOGY-THERAPEUTIC | 4993141 | .52 | 6093774 | 1.56 | 11086915 | 1.15 |
| 43 | RADIOISOTOPE | 4347810 | .45 | 3159953 | .81 | 7507763 | .78 |
| 43.01 | CAT SCAN | 9333403 | .97 | 9654390 | 2.48 | 18987793 | 1.97 |
| 44 | LABORATORY | 36342291 | 3.77 | 20126595 | 5.16 | 56468886 | 5.86 |
| 44.01 | VASCULAR LAB | 1265949 | .13 | 808564 | .21 | 2074513 | .22 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | 2148532 | .22 | 957069 | .25 | 3105601 | .32 |
| 48 | INTRAVENOUS THERAPY | 2365470 | .25 | 970681 | .25 | 3336151 | .35 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|---------------------------------------|----------------------|--------|--------------------------|------|---------------------|--------|-------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| 49 RESPIRATORY THERAPY | 6511762 | .68 | 2546020 | .65 | 9057782 | .94 | 49 |
| 50 PHYSICAL THERAPY | 15023658 | 1.56 | 7347981 | 1.88 | 22371639 | 2.32 | 50 |
| 51 OCCUPATIONAL THERAPY | 2111615 | .22 | 973040 | .25 | 3084655 | .32 | 51 |
| 52 SPEECH PATHOLOGY | 614211 | .06 | 231708 | .06 | 845919 | .09 | 52 |
| 53 ELECTROCARDIOLOGY | 5514221 | .57 | 4969220 | 1.27 | 10483441 | 1.09 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 21119391 | 2.19 | 11261992 | 2.89 | 32381383 | 3.36 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 42820251 | 4.44 | 22639340 | 5.81 | 65459591 | 6.79 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 76788606 | 7.96 | 31276573 | 8.02 | 108065179 | 11.21 | 56 |
| 57 RENAL DIALYSIS | 4982931 | .52 | 3227766 | .83 | 8210697 | .85 | 57 |
| 58 ASC (NON-DISTINCT PART) | 5447580 | .56 | 4835964 | 1.24 | 10283544 | 1.07 | 58 |
| 58.01 CARDIAC CATHETER LAB | 3071706 | .32 | 2976467 | .76 | 6048173 | .63 | 58.01 |
| 59 BLANK | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 693436 | .07 | 825667 | .21 | 1519103 | .16 | 59.97 |
| 60 CLINIC | 47275241 | 4.90 | 18512909 | 4.75 | 65788150 | 6.82 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | 5596323 | .58 | 5904693 | 1.51 | 11501016 | 1.19 | 60.02 |
| 60.03 CANCER CARE CENTER | 6034088 | .63 | 7214164 | 1.85 | 13248252 | 1.37 | 60.03 |
| 61 EMERGENCY | 18055946 | 1.87 | 12543760 | 3.22 | 30599706 | 3.17 | 61 |
| 61.01 DENTAL CLINIC | 510105 | .05 | 777964 | .20 | 1288069 | .13 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 673236 | .07 | 1464384 | .38 | 2137620 | .22 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | 1008731 | .10 | 439152 | .11 | 1447883 | .15 | 61.03 |
| 61.06 OP CHAPMAN CENTER | 3129900 | .32 | 1953624 | .50 | 5083524 | .53 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 69.10 CMHC | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 10109784 | 1.05 | 4282795 | 1.10 | 14392579 | 1.49 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 93 HOSPICE | 4448106 | .46 | 1768136 | .45 | 6216242 | .64 | 93 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 97 RESEARCH | 37579457 | 3.90 | 14291222 | 3.66 | 51870679 | 5.38 | 97 |
| 99.01 NON-ALLOWABLE COST | 35780906 | 3.71 | 15207251 | 3.90 | 50988157 | 5.29 | 99.01 |
| 99.02 EVANSTON HOME SERVICES | | | | | | | 99.02 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 TOTAL | 964274131 | 100.00 | 0 | .00 | 964274131 | 100.00 | 103 |

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL | TOTAL | RATIO | INPATIENT | MEDICARE | |
|---------------------------------------|----------|------------|---------|-----------|-------------|-------|
| | RELATED | | CAPITAL | | PROGRAM | |
| | COSTS | CHARGES | COST TO | CHARGES | PPS CAPITAL | |
| | 1 | 2 | 3 | 4 | 5 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 8561539 | 246525507 | .034729 | 44995696 | 1562656 | 37 |
| 39 DELIVERY ROOM & LABOR ROOM | 2011380 | 44877394 | .044819 | 153331 | 6872 | 39 |
| 41 RADIOLOGY-DIAGNOSTIC | 6449829 | 152558672 | .042278 | 16787423 | 709739 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 2783801 | 53113645 | .052412 | 1164941 | 61057 | 42 |
| 43 RADIOISOTOPE | 1062353 | 39849708 | .026659 | 2885384 | 76921 | 43 |
| 43.01 CAT SCAN | 4293921 | 287834457 | .014918 | 35241191 | 525728 | 43.01 |
| 44 LABORATORY | 3900128 | 296190365 | .013168 | 72746100 | 957921 | 44 |
| 44.01 VASCULAR LAB | 204724 | 18293687 | .011191 | 4525478 | 50645 | 44.01 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 BLOOD STORING, PROCESSING & TRA | 213261 | 9421941 | .022635 | 3134783 | 70956 | 47 |
| 48 INTRAVENOUS THERAPY | 129118 | 5229812 | .024689 | 2857701 | 70554 | 48 |
| 49 RESPIRATORY THERAPY | 1512637 | 38261916 | .013398 | 14732446 | 197385 | 49 |
| 50 PHYSICAL THERAPY | 1576152 | 49144959 | .032071 | 6855835 | 219873 | 50 |
| 51 OCCUPATIONAL THERAPY | 173583 | 8574202 | .020245 | 3231318 | 65418 | 51 |
| 52 SPEECH PATHOLOGY | 38650 | 2491491 | .015513 | 1221729 | 18953 | 52 |
| 53 ELECTROCARDIOLOGY | 1701339 | 85032263 | .020008 | 21375518 | 427681 | 53 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 1356926 | 99769002 | .013601 | 29664283 | 403464 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 2737584 | 143740514 | .019045 | 51468193 | 980212 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 3648065 | 264346316 | .013800 | 43155740 | 595549 | 56 |
| 57 RENAL DIALYSIS | 648479 | 20218933 | .032073 | 2524187 | 80958 | 57 |
| 58 ASC (NON-DISTINCT PART) | 1049278 | 13157878 | .079745 | 97141 | 7747 | 58 |
| 58.01 CARDIAC CATHETER LAB | 915627 | 63815370 | .014348 | 21601264 | 309935 | 58.01 |
| 59 BLANK | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 238182 | 1764355 | .134997 | 1226 | 166 | 59.97 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 3446495 | 50667787 | .068021 | 102830 | 6995 | 60 |
| 60.02 GASTRO-INTESTINAL UNIT | 2171612 | 56131753 | .038688 | 3390058 | 131155 | 60.02 |
| 60.03 CANCER CARE CENTER | 2042962 | 22075208 | .092546 | 177164 | 16396 | 60.03 |
| 61 EMERGENCY | 2228717 | 149934834 | .014865 | 30026633 | 446346 | 61 |
| 61.01 DENTAL CLINIC | 75203 | 1537201 | .048922 | 11158 | 546 | 61.01 |
| 61.02 CHILD & ADOLESCENT CTR. | 261171 | 1646465 | .158625 | 227 | 36 | 61.02 |
| 61.03 ADOLESCENT DAY HOSP. | 72124 | 2447742 | .029466 | | | 61.03 |
| 61.06 OP CHAPMAN CENTER | 448447 | 8404302 | .053359 | 30367 | 1620 | 61.06 |
| 62 OBSERVATION BEDS (NON-DISTINCT | 1376494 | 22109885 | .062257 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| 101 TOTAL | 56329781 | 2259167564 | | 414159345 | 8003484 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL | SWING-BED | TOTAL | TOTAL | PER | INPATIENT | MEDICARE |
|--|----------|------------|----------|---------|--------|-----------|--------------|
| | RELATED | ADJUSTMENT | COST | PATIENT | | | INPATIENT |
| | COSTS | AMOUNT | COST | DAYS | DIEM | PROGRAM | PPS CAPITAL |
| | 1 | 2 | 3 | 4 | 5 | DAYS | COSTS |
| | | | | | | 6 | 7 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 12271627 | | 12271627 | 124106 | 98.88 | 55149 | 5453133 25 |
| 26 INTENSIVE CARE UNIT | 2122964 | | 2122964 | 9074 | 233.96 | 5401 | 1263618 26 |
| 27 CORONARY CARE UNIT | 811325 | | 811325 | 7842 | 103.46 | 5147 | 532509 27 |
| 27.01 INTENSIVE CARE UNIT - GB | 889666 | | 889666 | 3935 | 226.09 | 2726 | 616321 27.01 |
| 27.02 ISCU | 1226625 | | 1226625 | 12293 | 99.78 | | 27.02 |
| 101 TOTAL | 17322207 | | 17322207 | | | 68423 | 7865581 101 |
| MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS | | | | | | 7865581 | |
| MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS | | | | | | 8003484 | |
| TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS | | | | | | 15869065 | |
| MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13) | | | | | | 14498 | |
| MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4) | | | | | | 68423 | |
| PER DISCHARGE CAPITAL COSTS | | | | | | 1094.57 | |
| PER DIEM CAPITAL COSTS | | | | | | 231.93 | |

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) | 162432215 |
| 2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT) | 536481299 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .303 |

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)) | 4732126 |
| 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 | 9922964 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .477 |

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

| | |
|--|---------|
| 1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101)) | 2301088 |
| 2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619) | 4382836 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .525 |

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) | 15869065 |
| 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 OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999) | 136154543 |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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) | 417887341 |

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

.326