

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 NORWEGIAN AMERICAN HOSPITAL (14-0206) (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	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	31057	-42556		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	31057	-42556		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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1044 NORTH FRANCISCO P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORWEGIAN AMERICAN HOSPITAL	14-0206	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NORWEGIAN AMERICAN HOSP - PSYCH	14-S206	10/01/2006	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2009 TO: 09/30/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES NO 21.01

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

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

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

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.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	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

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	V	XVIII	XIX	
			1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	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 NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	NO				40
40.01	NAME:		FI/CONTRACTOR'S NAME:			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 NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.					46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3148507 PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
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.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		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-----				
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	150	54750			9308		17721	1
2 HMO							2292	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	150	54750			9308		17721	5
6 INTENSIVE CARE UNIT	12	4380			1224		741	6
6.01 NICU	12	4380					976	6.01
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT								9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							2402	11
12 TOTAL HOSPITAL	174	63510			10532		21840	12
13 RPCH VISITS								13
14 SUBPROVIDER I	12	4380			1448		1523	14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	186							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							200	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--			
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		31267							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		31267							5
6 INTENSIVE CARE UNIT		2940							6
6.01 NICU		1438							6.01
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		2867							11
12 TOTAL HOSPITAL		38512			4.78		4.78	713.62	12
13 RPCH VISITS									13
14 SUBPROVIDER I		3351						11.66	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					4.78		4.78	725.28	25
26 OBSERVATION BED DAYS		2227							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		864							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE	TITLE	
	V 12	XVIII 13	XIX 14	XIX 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1898	5826	9021	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
6.01 NICU					6.01
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		1898	5826	9021	12
13 RPCH VISITS					13
14 SUBPROVIDER I		218	231	508	14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28
29 LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION						WORKSHEET S-3	
PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	42465526		42465526	1484332.00	28.61		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	2955316		2955316	34349.00	86.04	A82 WP & LD REP	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	108422		108422	6000.00	18.07	LABOR DIST RPT	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2309828		2309828	67309.00	34.32		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	231679		231679	3686.00	62.85		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	2928471		2928471	13310.00	220.02		9.03
10 CONTRACT LABOR: PHYSICIAN PART A						A-8-2 WP	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	7187530		7187530			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	359801		359801			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						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	284220		284220			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	26805		26805			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2116292		2116292	103482.00	20.45		21
22 ADMINISTRATIVE & GENERAL	2648903		2648903	53975.00	49.08		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1826786		1826786	31430.00	58.12		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1456809		1456809	70495.00	20.67		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	820750		820750	76592.00	10.72		26
26.01 HOUSEKEEPING UNDER CONTRACT	211825		211825	5185.00	40.85		26.01
27 DIETARY	805821	-189967	615854	47247.00	13.03		27
27.01 DIETARY UNDER CONTRACT	449272		449272	13540.00	33.18		27.01
28 CAFETERIA		189967	189967	15076.00	12.60		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	822051		822051	16261.00	50.55		30
31 CENTRAL SERVICES AND SUPPLY	318093		318093	17772.00	17.90		31
32 PHARMACY	1048237		1048237	39515.00	26.53		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	616454		616454	34228.00	18.01		33
34 SOCIAL SERVICE	610620		610620	24686.00	24.74		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION						WORKSHEET S-3	
PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		A-6	3	4	5		
1 NET SALARIES	41889671		41889671	1494138.00	28.04		1
2 EXCLUDED AREA SALARIES	2309828		2309828	67309.00	34.32		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	39579843		39579843	1426829.00	27.74		3
4 SUBTOTAL OTHER WAGES & REL COSTS	3160150		3160150	16996.00	185.93		4
5 SUBTOTAL WAGE-RELATED COSTS	7187530		7187530		18.16%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	49927523		49927523	1443825.00	34.58		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	13751913		13751913	549484.00	25.03		13

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	56019350 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	56019350 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.304542 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	132258755 28
29	TOTAL GROSS MEDICAID COST	40278346 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	26548938 30
31	UNCOMPENSATED CARE COST	8085267 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	40278346 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		981358	981358	1821162	2802520	-1111097	1691423	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2773693	2773693	-653530	2120163	4
5	0500 EMPLOYEE BENEFITS	482478	441875	924353	4676780	5601133	-37	5601096	5
5.01	0501 COMMUNICATIONS	245489	441969	687458	-51995	635463	-91730	543733	5.01
5.02	0502 DATA PROCESSING	344	2906554	2906898	-528332	2378566	-12500	2366066	5.02
5.03	0503 ADMITTING	772232	247952	1020184	-88893	931291		931291	5.03
5.04	0504 CASHIERING	615749	695618	1311367	-85690	1225677	-200	1225477	5.04
6	0600 ADMINISTRATIVE & GENERAL	2648903	17241256	19890159	-526644	19363515	-2249470	17114045	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1456809	2967914	4424723	-495942	3928781		3928781	8
9	0900 LAUNDRY & LINEN SERVICE				464938	464938		464938	9
10	1000 HOUSEKEEPING	820750	1456414	2277164	-584706	1692458	-348	1692110	10
11	1100 DIETARY	805821	1851912	2657733	-832183	1825550	-456725	1368825	11
12	1200 CAFETERIA				626542	626542	-284958	341584	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	822051	258956	1081007	-97665	983342		983342	14
15	1500 CENTRAL SERVICES & SUPPLY	318093	84531	402624	-105705	296919		296919	15
16	1600 PHARMACY	1048237	3274626	4322863	-193583	4129280	-1307	4127973	16
17	1700 MEDICAL RECORDS & LIBRARY	616454	550715	1167169	-96991	1070178	-4599	1065579	17
18	1800 SOCIAL SERVICE	610620	183775	794395	-73465	720930		720930	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	108422	272545	380967	-12240	368727		368727	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				26781	26781		26781	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	10275289	4300995	14576284	-2146417	12429867	-1119460	11310407	25
26	2600 INTENSIVE CARE UNIT	2032197	991682	3023879	-307286	2716593	-82500	2634093	26
26.01	2600 NICU	1085853	320923	1406776	-268121	1138655	-149	1138506	26.01
31	3100 SUBPROVIDER I	742231	325586	1067817	-91353	976464		976464	31
33	3300 NURSERY				970136	970136		970136	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	2101878	2613264	4715142	-798787	3916355	-162500	3753855	37
39	3900 DELIVERY ROOM & LABOR ROOM	1909663	1044372	2954035	-495588	2458447		2458447	39
40	4000 ANESTHESIOLOGY	38292	1064180	1102472	-64294	1038178	-875000	163178	40
41	4100 RADIOLOGY-DIAGNOSTIC	2038542	2254058	4292600	-663409	3629191	-252175	3377016	41
44	4400 LABORATORY	1356152	2472300	3828452	-253951	3574501		3574501	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	767398	368134	1135532	-117894	1017638		1017638	49
50	5000 PHYSICAL THERAPY	329892	88160	418052	-41969	376083	-8331	367752	50
53	5300 ELECTROCARDIOLOGY	215491	153566	369057	-76599	292458		292458	53
54	5400 ELECTROENCEPHALOGRAPHY		2425	2425	-1475	950		950	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				195916	195916		195916	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				389322	389322		389322	55.30
56	5600 DRUGS CHARGED TO PATIENTS								56
58.01	3950 ACUTE DIALYSIS		353272	353272	-109	353163		353163	58.01
58.02	3120 CARDIAC CATH LAB	387756	977872	1365628	-256418	1109210	-34638	1074572	58.02
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	2860961	1106452	3967413	-287481	3679932	-2187186	1492746	60
60.01	6001 PH CLINIC								60.01
60.02	6002 HEALTHWORKS CLINIC	88542	285121	373663	-20229	353434	-114591	238843	60.02
60.03	6003 DENTAL CLINIC								60.03
60.04	6004 WOUND CARE THERAPY	415942	277557	693499	-61579	631920	-87122	544798	60.04
60.05	4040 FAMILY PRACTICE CLINIC	6938	41502	48440	-4997	43443	-50326	-6883	60.05
61	6100 EMERGENCY	2872460	2383034	5255494	-390077	4865417	-1662923	3202494	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		1632104	1632104	-1632104				88

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
95	SUBTOTALS	40897929	56914529	97812458	191099	98003557	-11503402	86500155	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES	189779	39588	229367	-23807	205560		205560	98
98.01	9801 PROHEALTH SERVICES	1183049	1177396	2360445	-84028	2276417	-1689287	587130	98.01
98.02	9802 AUXILIARY	194769	154851	349620	-83264	266356		266356	98.02
101	TOTAL	42465526	58286364	100751890		100751890	-13192689	87559201	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		98915	1
2						2
3						3
4 EQUIP DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		2120163	4
5						5
6 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		195916	6
7	C	IMPL. DEV. CHARGED TO PATIENT	55.30		389322	7
8	C					8
9	C					9
10	C					10
11	C					11
12	C					12
13	C					13
14	C					14
15	C					15
16	C					16
17	C					17
18	C					18
19	C					19
20	C					20
21	C					21
22	C					22
23	C					23
24	C					24
25	C					25
26						26
27 SHARED CAFETERIA EXP	D	CAFETERIA	12	189967	436575	27
28						28
29 UTILIZATION REVIEW	E	MEDICAL RECORDS & LIBRARY	17		5040	29
30						30
31 DEPRECIATION CHARGED TO DEPTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		2863836	31
32	F					32
33	F					33
34	F					34
35	F					35
36 SUBTOTAL				189967	6109767	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7		
			COST CENTER	LINE #	SALARY	OTHER	REF.	
		1	6	7	8	9	10	
1	PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		98915	12	1
2								2
3								3
4	EQUIP DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		2120163	9	4
5								5
6	CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		43007		6
7		C	PHARMACY	16		35		7
8		C	ADULTS & PEDIATRICS	25		28973		8
9		C	INTENSIVE CARE UNIT	26		26479		9
10		C	NICU	26.01		768		10
11		C	SUBPROVIDER I	31		919		11
12		C	OPERATING ROOM	37		376371		12
13		C	DELIVERY ROOM & LABOR ROOM	39		1144		13
14		C	ANESTHESIOLOGY	40		20540		14
15		C	RADIOLOGY-DIAGNOSTIC	41		1477		15
16		C	LABORATORY	44		370		16
17		C	RESPIRATORY THERAPY	49		327		17
18		C	PHYSICAL THERAPY	50		620		18
19		C	ELECTROCARDIOLOGY	53		8		19
20		C	ACUTE DIALYSIS	58.01		109		20
21		C	CARDIAC CATH LAB	58.02		59781		21
22		C	CLINIC	60		976		22
23		C	HEALTHWORKS CLINIC	60.02		5120		23
24		C	WOUND CARE THERAPY	60.04		7692		24
25		C	EMERGENCY	61		10522		25
26								26
27	SHARED CAFETERIA EXP	D	DIETARY	11	189967		436575	27
28								28
29	UTILIZATION REVIEW	E	ADMINISTRATIVE & GENERAL	6			5040	29
30								30
31	DEPRECIATION CHARGED TO DEPTS	F	EMPLOYEE BENEFITS	5		3882		9
32		F	COMMUNICATIONS	5.01		24281		32
33		F	DATA PROCESSING	5.02		528332		33
34		F	ADMITTING	5.03		13596		34
35		F	CASHIERING	5.04		12172		35
36	SUBTOTAL					189967	3828194	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12	F				12
13	F				13
14	F				14
15	F				15
16	F				16
17	F				17
18	F				18
19	F				19
20	F				20
21	F				21
22	F				22
23	F				23
24	F				24
25	F				25
26	F				26
27	F				27
28	F				28
29	F				29
30	F				30
31	F				31
32					32
33					33
34					34
35 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		978574 35
36 SUBTOTAL				189967	7088341 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE -----			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	F	ADMINISTRATIVE & GENERAL	6		96050	1
2	F	OPERATION OF PLANT	8		310680	2
3	F	HOUSEKEEPING	10		4378	3
4	F	DIETARY	11		63973	4
5	F	NURSING ADMINISTRATION	14		5085	5
6	F	CENTRAL SERVICES & SUPPLY	15		26602	6
7	F	PHARMACY	16		74910	7
8	F	MEDICAL RECORDS & LIBRARY	17		32607	8
9	F	SOCIAL SERVICE	18		2515	9
10	F	ADULTS & PEDIATRICS	25		141226	10
11	F	INTENSIVE CARE UNIT	26		43778	11
12	F	NICU	26.01		9302	12
13	F	SUBPROVIDER I	31		6423	13
14	F	OPERATING ROOM	37		184529	14
15	F	DELIVERY ROOM & LABOR ROOM	39		276801	15
16	F	ANESTHESIOLOGY	40		39421	16
17	F	RADIOLOGY-DIAGNOSTIC	41		444016	17
18	F	LABORATORY	44		100106	18
19	F	RESPIRATORY THERAPY	49		31416	19
20	F	PHYSICAL THERAPY	50		3840	20
21	F	ELECTROCARDIOLOGY	53		52262	21
22	F	ELECTROENCEPHALOGRAPHY	54		1475	22
23	F	CARDIAC CATH LAB	58.02		152662	23
24	F	CLINIC	60		11642	24
25	F	HEALTHWORKS CLINIC	60.02		5146	25
26	F	WOUND CARE THERAPY	60.04		6823	26
27	F	FAMILY PRACTICE CLINIC	60.05		3038	27
28	F	EMERGENCY	61		53654	28
29	F	PHYSICIANS' PRIVATE OFFICES	98		2500	29
30	F	PROHEALTH SERVICES	98.01		11449	30
31	F	AUXILIARY	98.02		83264	31
32						32
33						33
34						34
35	G	INTEREST EXPENSE	88		1632104	11 35
36		SUBTOTAL		189967	7741871	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1	G	NEW CAP REL COSTS-MVBLE EQUIP	4		653530	1
2						2
3						3
4	H	PHYSICIAN BENEFITS ADMINISTRATIVE & GENERAL	6			1 4
5	H	I&R SERVICES-SALARY & FRINGES	22			1 5
6	H	CLINIC	60			1 6
7	H	PROHEALTH SERVICES	98.01			1 7
8						8
9						9
10						10
11	I	LAUNDRY COSTS LAUNDRY & LINEN SERVICE	9		464938	11
12						12
13	J	PODIATRY DR MED EDUC COST I&R SERVICES-OTHER PRGM COSTS	23		26781	13
14						14
15	K	EMPLOYEE BENEFITS CHARGED EMPLOYEE BENEFITS	5		4680664	15
16	K					16
17	K					17
18	K					18
19	K					19
20	K					20
21	K					21
22	K					22
23	K					23
24	K					24
25	K					25
26	K					26
27	K					27
28	K					28
29	K					29
30	K					30
31	K					31
32	K					32
33	K					33
34	K					34
35	K					35
36		SUBTOTAL			189967	12914258 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE -----			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G					11 1
2						2
3						3
4 PHYSICIAN BENEFITS	H	FAMILY PRACTICE CLINIC	60.05		2	4
5	H	EMPLOYEE BENEFITS	5		2	5
6	H					6
7	H					7
8						8
9						9
10						10
11 LAUNDRY COSTS	I	HOUSEKEEPING	10		464938	11
12						12
13 PODIATRY DR MED EDUC COST	J	ADMINISTRATIVE & GENERAL	6		26781	13
14						14
15 EMPLOYEE BENEFITS CHARGED	K	COMMUNICATIONS	5.01		27714	15
16	K	ADMITTING	5.03		75297	16
17	K	CASHIERING	5.04		73518	17
18	K	ADMINISTRATIVE & GENERAL	6		299859	18
19	K	OPERATION OF PLANT	8		185262	19
20	K	HOUSEKEEPING	10		115390	20
21	K	DIETARY	11		141668	21
22	K	NURSING ADMINISTRATION	14		92580	22
23	K	CENTRAL SERVICES & SUPPLY	15		36096	23
24	K	PHARMACY	16		118638	24
25	K	MEDICAL RECORDS & LIBRARY	17		69424	25
26	K	SOCIAL SERVICE	18		70950	26
27	K	I&R SERVICES-SALARY & FRINGES	22		12241	27
28	K	ADULTS & PEDIATRICS	25		1141648	28
29	K	INTENSIVE CARE UNIT	26		237029	29
30	K	NICU	26.01		122485	30
31	K	SUBPROVIDER I	31		84011	31
32	K	OPERATING ROOM	37		237887	32
33	K	DELIVERY ROOM & LABOR ROOM	39		217643	33
34	K	ANESTHESIOLOGY	40		4333	34
35	K	RADIOLOGY-DIAGNOSTIC	41		217916	35
36 SUBTOTAL				189967	11815183	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14					14
15 NURSERY COSTS	L NURSERY		33	818485	151651
16	L				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				1008452	13065909

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
		COST CENTER	LINE #	SALARY		
	1	6	7	8	9	10
1	K	LABORATORY	44		153475	1
2	K	RESPIRATORY THERAPY	49		86151	2
3	K	PHYSICAL THERAPY	50		37509	3
4	K	ELECTROCARDIOLOGY	53		24329	4
5	K	CARDIAC CATH LAB	58.02		43975	5
6	K	CLINIC	60		274864	6
7	K	HEALTHWORKS CLINIC	60.02		9963	7
8	K	WOUND CARE THERAPY	60.04		47064	8
9	K	FAMILY PRACTICE CLINIC	60.05		1957	9
10	K	EMERGENCY	61		325901	10
11	K	PHYSICIANS' PRIVATE OFFICES	98		21307	11
12	K	PROHEALTH SERVICES	98.01		72580	12
13						13
14						14
15	L	ADULTS & PEDIATRICS	25	703029	131541	15
16	L	NICU	26.01	115456	20110	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		1008452	13065909	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	4529913					4529913		1
2 LAND IMPROVEMENTS	3112770					3112770		2
3 BUILDINGS AND FIXTURES	40517490	3537395		3537395		44054885		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	16541635	378066		378066		16919701		5
6 MOVABLE EQUIPMENT	37325258	1881764		1881764		39207022		6
7 SUBTOTAL	102027066	5797225		5797225		107824291		7
8 RECONCILING ITEMS								8
9 TOTAL	102027066	5797225		5797225		107824291		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	CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
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	68717268		68717268	.636717				3
4 NEW CAP REL COSTS-MVBLE EQUIP	39207022		39207022	.363283				4
5 TOTAL	107924290		107924290	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES			
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		1592508			98915			1691423
4 NEW CAP REL COSTS-MVBLE EQUIP		2120163						2120163
5 TOTAL		3712671			98915			3811586

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES			
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		981358						981358
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL		981358						981358

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-978574	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-653530	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-1237	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-66064	COMMUNICATIONS	5.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6490017			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	-284958	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	-1307	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4599	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	A-8-4 WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	A-8-4 WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MISC REVENUE	B	-82624	ADMINISTRATIVE & GENERAL	6	37
37.01 MISC COMMUNICATIONS INCOME	B	-25666	COMMUNICATIONS	5.01	37.01
37.02 INFO SYSTEM USER FEES	B	-12500	DATA PROCESSING	5.02	37.02
37.03 EMPLOYEE BENEFIT MISC REV	B	-37	EMPLOYEE BENEFITS	5	37.03
37.04 MISC XRAY REV	B	-975	RADIOLOGY-DIAGNOSTIC	41	37.04
37.06 CLINIC RENTAL INCOME & OTHERS	B	-94532	CLINIC	60	37.06
37.08 WOUND CARE MISC INCOME	B	-351	WOUND CARE THERAPY	60.04	37.08
37.10 MISC BUSINESS OFFICE REV	B	-200	CASHIERING	5.04	37.10
37.14 MISC PT REV	B	-8331	PHYSICAL THERAPY	50	37.14
38					38
38.01 FAMILY PRACTICE - MOB RENT	B	-42000	FAMILY PRACTICE CLINIC	60.05	38.01
38.05 MISC NURSE PT ED	B	-546	ADULTS & PEDIATRICS	25	38.05
38.06 MISC DIETARY	B	-456725	DIETARY	11	38.06
38.07 MISC HOSPITAL SERVICES	B	-348	HOUSEKEEPING	10	38.07
39					39
40 MISC INCOME	B	-149	NICU	26.01	40
40.01 HOUSE PHYSICIANS	A	-1768555	ADMINISTRATIVE & GENERAL	6	40.01
40.02 PROHEALTH PHYSICIAN COMP	A	-1689287	PROHEALTH SERVICES	98.01	40.02
40.04 REAL ESTATE TAXES	A	-22975	ADMINISTRATIVE & GENERAL	6	13 40.04
40.05 REAL ESTATE TAXES	A	-132197	NEW CAP REL COSTS-BLDG & FIXT	3	9 40.05
40.07 OTHER MME DEP	A	-326	NEW CAP REL COSTS-BLDG & FIXT	3	9 40.07
41 OTHER LOBBYING EXP	A	-205833	ADMINISTRATIVE & GENERAL	6	41
42 NONALLOWABLE LEGAL FEES	A	-85761	ADMINISTRATIVE & GENERAL	6	42
43 CHARITABLE CONTRIBUTIONS	A	-25420	ADMINISTRATIVE & GENERAL	6	43
44 SPORTING EVENT TICKETS	A	-26463	ADMINISTRATIVE & GENERAL	6	44
45 IHA LOBBYING PORTION	A	-27875	ADMINISTRATIVE & GENERAL	6	45
46 MCHC LOBBYING PORTION	A	-2727	ADMINISTRATIVE & GENERAL	6	46
47					47
48					48
49					49

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL
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 13:19

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	
50 TOTAL		-13192689			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 ADJUSTMENTS	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 -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
1				
2				
3				
4				
5				

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	VARIOUS	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2			3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	VARIOUS	1118914	1118914					
2	26	INTENSIVE CARE UNIT	ICU	82500	82500					
3	37	OPERATING ROOM	SURGERY	162500	162500					
4	40	ANESTHESIOLOGY	ANESTHESIOLOGY	875000	875000					
5	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	251200	251200					
6	58.02	CARDIAC CATH LAB	CARDIAC CATH	34638	34638					
7	60	CLINIC	CLINICS	2092654	2092654					
8	60.02	HEALTHWORKS CLINIC	HEALTH WORKS	114591	114591					
9	60.04	WOUND CARE THERAPY	WOUND CARE	86771	86771					
10	61	EMERGENCY	EMERGENCY	1662923	1662923					
11	60.05	FAMILY PRACTICE CLINIC	FAMILY PRACTICE CLI	8326	8326					
101		TOTAL		6490017	6490017					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	CASHIERS 5.04	
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	1691423	1691423							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2120163		2120163						4
5 EMPLOYEE BENEFITS	5601096	19675		5623646					5
5.01 COMMUNICATIONS	543733	2626	17985	32883	597227				5.01
5.02 DATA PROCESSING	2366066	41422	391337	46	35586	2834457			5.02
5.03 ADMITTING	931291	39181	10071	103440	9283	231910	1325176		5.03
5.04 CASHIERING	1225477	9381	9016	82480	47964	334981		1709299	5.04
6 ADMINISTRATIVE & GENERAL	17114045	35851	71145	354821	95929	206142			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3928781	142096	230122	195140	27850	25768			8
9 LAUNDRY & LINEN SERVICE		464938							9
10 HOUSEKEEPING	1692110	22958	3243	109939		51536			10
11 DIETARY	1368825	48575	47385	82494	17019	51536			11
12 CAFETERIA		22007		25446	1547				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	983342	15720	3766	110114	12378				14
15 CENTRAL SERVICES & SUPPLY	296919	72081	19704	42609	1547	154607			15
16 PHARMACY	4127973	31506	55486	140411	15472	180375			16
17 MEDICAL RECORDS & LIBRARY	1065579	32431	24152	82574	34039	25768			17
18 SOCIAL SERVICE	720930	997	1863	81793	12378				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	368727			14523	1547				22
23 I&R SERVICES-OTHER PRGM COSTS A	26781	782							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11310407	271873	104607	1282220	58794	360749	324047	283264	25
26 INTENSIVE CARE UNIT	2634093	41011	32427	272213		51536	48760	38162	26
26.01 NICU	1138506	5538	6890	129985			33772	26046	26.01
31 SUBPROVIDER I	976464	34483	4758	99422			39856	31193	31
33 NURSERY	970136	19714		109636	4642	51536	38448	30091	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3753855	119118	136682	281547	37133	103071	101039	165993	37
39 DELIVERY ROOM & LABOR ROOM	2458447	20835	205028	255799	3094	51536	88594	79041	39
40 ANESTHESIOLOGY	163178	4352	29199	5129	4642		14817	21805	40
41 RADIOLOGY-DIAGNOSTIC	3377016	63703	328885	273063	30944	77303	63343	193729	41
44 LABORATORY	3574501	53194	74149	181657	37133	463816	184492	282835	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1017638	15955	23270	102793	7736	51536	73186	62754	49
50 PHYSICAL THERAPY	367752	16893	2844	44189	4642	51536	4659	12693	50
53 ELECTROCARDIOLOGY	292458	20698	38711	28865	12378	51536	21074	27678	53
54 ELECTROENCEPHALOGRAPHY	950					51536	671	877	54
55 MEDICAL SUPPLIES CHARGED TO PAT	195916						3118	5054	55
55.30 IMPL. DEV. CHARGED TO PATIENT	389322							10782	55.30
56 DRUGS CHARGED TO PATIENTS							194206	204833	56
58.01 ACUTE DIALYSIS	353163						9200	7339	58.01
58.02 CARDIAC CATH LAB	1074572	13896	113078	51940			27338	22143	58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1492746	24118	8623	383226	10831	154607	150	16570	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	238843	7818	3812	11860	7736			966	60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	544798	21069	5054	55715	7736		2836	44583	60.04
60.05 FAMILY PRACTICE CLINIC	-6883	27363	2250	929				2450	60.05
61 EMERGENCY	3202494	49200	39742	384766	18567	51536	51570	138418	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	86500155	1392108	2048159	5413667	558547	2834457	1325176	1709299	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4085			1547				96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA			CASHIERS
	FOR COST	REL COSTS	REL COSTS	BENEFITS	PATIENT	PROCESSING	ADMITTING		
	0	3	4	5	5.01	5.02	5.03	5.04	
98 PHYSICIANS' PRIVATE OFFICES	205560	295230	1852	25421	29397				98
98.01 PROHEALTH SERVICES	587130		8480	158469	7736				98.01
98.02 AUXILIARY	266356		61672	26089					98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	87559201	1691423	2120163	5623646	597227	2834457	1325176	1709299	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	
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
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL	17877933	17877933							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4549757	1167318	5717075						8
9 LAUNDRY & LINEN SERVICE	488926	125442		712242					9
10 HOUSEKEEPING	1879786	482291	93674		2455751				10
11 DIETARY	1615834	414570	198194		88085	2316683			11
12 CAFETERIA	390584	100211	89793		39907		620495		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1125320	288720	64142		28507		9032	1515721	14
15 CENTRAL SERVICES & SUPPLY	587467	150725	294101		130709		9863		15
16 PHARMACY	4551223	1167694	128549		57132		21944		16
17 MEDICAL RECORDS & LIBRARY	1264543	324440	132324		58810		19011		17
18 SOCIAL SERVICE	817961	209862	4067		1808		13709		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	384797	98726					3326		22
23 I&R SERVICES-OTHER PRGM COSTS A	27563	7072	3190		1418				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13995961	3590919	1109284	227861	493007	1937363	200631	737090	25
26 INTENSIVE CARE UNIT	3118202	800028	167332	30379	74369	177269	28574	104977	26
26.01 NICU	1340737	343989	22595	25993	10042		15199	55841	26.01
31 SUBPROVIDER I	1186176	304334	140697		62531	202051	13467	49476	31
33 NURSERY	1224203	314090	80436	12035	35749				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4698438	1205464	486021	128985	216006		38703	142190	37
39 DELIVERY ROOM & LABOR ROOM	3162374	811361	85009	108523	37781		31923	117283	39
40 ANESTHESIOLOGY	2431222	62377	17757		7892		1190		40
41 RADIOLOGY-DIAGNOSTIC	4407986	1130944	259917	51274	115517		34741		41
44 LABORATORY	4851777	1244806	217040		96461		28170		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1354868	347614	65099		28932		15095		49
50 PHYSICAL THERAPY	505208	129620	68927	13178	30634		5290		50
53 ELECTROCARDIOLOGY	493398	126590	84450		37533		5486		53
54 ELECTROENCEPHALOGRAPHY	54034	13863							54
55 MEDICAL SUPPLIES CHARGED TO PAT	204088	52362							55
55.30 IMPL. DEV. CHARGED TO PATIENT	400104	102653							55.30
56 DRUGS CHARGED TO PATIENTS	399039	102380							56
58.01 ACUTE DIALYSIS	369702	94853							58.01
58.02 CARDIAC CATH LAB	1302967	334298	56699		25199		4366		58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2090871	536448	98406	26168	43735		39708	145882	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	271035	69539	31898	1136	14177		2229		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	681791	174925	85965	3799	38206		9459		60.04
60.05 FAMILY PRACTICE CLINIC	26109	6699	111643	1161	49619		1109		60.05
61 EMERGENCY	3936293	1009923	200746	81750	89219		44362	162982	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	85880177	17447150	4495829	712242	1912985	2316683	596587	1515721	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	5632	1445	16667		7407				96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
		5A	6	8	9	10	11	12	14
98	PHYSICIANS' PRIVATE OFFICES	557460	143026	1204579		535359		7507	98
98.01	PROHEALTH SERVICES	761815	195457					14137	98.01
98.02	AUXILIARY	354117	90855					2264	98.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	87559201	17877933	5717075	712242	2455751	2316683	620495	1515721 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
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
5.01 COMMUNICATIONS								5.01
5.02 DATA PROCESSING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING								5.04
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	1172865							15
16 PHARMACY		5926542						16
17 MEDICAL RECORDS & LIBRARY			1799128					17
18 SOCIAL SERVICE				1047407				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					486849			22
23 I&R SERVICES-OTHER PRGM COSTS A						39243		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			298172	911245	438164	35319	23975016	-473483 25
26 INTENSIVE CARE UNIT			40167	41896			4583193	26
26.01 NICU			27414				1841810	26.01
31 SUBPROVIDER I			32832				1991564	31
33 NURSERY			31672				1698185	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			174714	31422			7121943	37
39 DELIVERY ROOM & LABOR ROOM			83193				4437447	39
40 ANESTHESIOLOGY			22951				355289	40
41 RADIOLOGY-DIAGNOSTIC			203907				6204286	41
44 LABORATORY			297695				6735949	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY			66051				1877659	49
50 PHYSICAL THERAPY			13360				766217	50
53 ELECTROCARDIOLOGY			29132				776589	53
54 ELECTROENCEPHALOGRAPHY			923				68820	54
55 MEDICAL SUPPLIES CHARGED TO PAT	392633		5319				654402	55
55.30 IMPL. DEV. CHARGED TO PATIENT	780232		11348				1294337	55.30
56 DRUGS CHARGED TO PATIENTS		5926542	215595				6643556	56
58.01 ACUTE DIALYSIS			7725				472280	58.01
58.02 CARDIAC CATH LAB			23307				1746836	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			17440		48685	3924	3051267	-52609 60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC			1016				391030	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY			46925				1041070	60.04
60.05 FAMILY PRACTICE CLINIC			2579				198919	60.05
61 EMERGENCY			145691	62844			5733810	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1172865	5926542	1799128	1047407	486849	39243	83661474	-526092 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							31151	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
98 PHYSICIANS' PRIVATE OFFICES							2447931	98
98.01 PROHEALTH SERVICES							971409	98.01
98.02 AUXILIARY							447236	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1172865	5926542	1799128	1047407	486849	39243	87559201	-526092 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING		5.04
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	23501533	25
26	INTENSIVE CARE UNIT	4583193	26
26.01	NICU	1841810	26.01
31	SUBPROVIDER I	1991564	31
33	NURSERY	1698185	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	7121943	37
39	DELIVERY ROOM & LABOR ROOM	4437447	39
40	ANESTHESIOLOGY	355289	40
41	RADIOLOGY-DIAGNOSTIC	6204286	41
44	LABORATORY	6735949	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	1877659	49
50	PHYSICAL THERAPY	766217	50
53	ELECTROCARDIOLOGY	776589	53
54	ELECTROENCEPHALOGRAPHY	68820	54
55	MEDICAL SUPPLIES CHARGED TO PAT	654402	55
55.30	IMPL. DEV. CHARGED TO PATIENT	1294337	55.30
56	DRUGS CHARGED TO PATIENTS	6643556	56
58.01	ACUTE DIALYSIS	472280	58.01
58.02	CARDIAC CATH LAB	1746836	58.02
59.97	CARDIAC REHABILITATION		59.97
59.98	HYPERBARIC OXYGEN THERAPY		59.98
59.99	LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	2998658	60
60.01	PH CLINIC		60.01
60.02	HEALTHWORKS CLINIC	391030	60.02
60.03	DENTAL CLINIC		60.03
60.04	WOUND CARE THERAPY	1041070	60.04
60.05	FAMILY PRACTICE CLINIC	198919	60.05
61	EMERGENCY	5733810	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	83135382	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	31151	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
98 PHYSICIANS' PRIVATE OFFICES	2447931	98
98.01 PROHEALTH SERVICES	971409	98.01
98.02 AUXILIARY	447236	98.02
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	87033109	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	
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		19675	2875	22550	22550				5
5.01 COMMUNICATIONS		2626	17985	20611	132	20743			5.01
5.02 DATA PROCESSING		41422	391337	432759		1236	433995		5.02
5.03 ADMITTING		39181	10071	49252	415	322	35509	85498	5.03
5.04 CASHIERING		9381	9016	18397	331	1666	51290		5.04
6 ADMINISTRATIVE & GENERAL		35851	71145	106996	1422	3331	31563		6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		142096	230122	372218	782	967	3945		8
9 LAUNDRY & LINEN SERVICE		23988		23988					9
10 HOUSEKEEPING		22958	3243	26201	441		7891		10
11 DIETARY		48575	47385	95960	331	591	7891		11
12 CAFETERIA		22007		22007	102	54			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		15720	3766	19486	441	430			14
15 CENTRAL SERVICES & SUPPLY		72081	19704	91785	171	54	23672		15
16 PHARMACY		31506	55486	86992	563	537	27618		16
17 MEDICAL RECORDS & LIBRARY		32431	24152	56583	331	1182	3945		17
18 SOCIAL SERVICE		997	1863	2860	328	430			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					58	54			22
23 I&R SERVICES-OTHER PRGM COSTS A		782		782					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		271873	104607	376480	5144	2042	55236	20933	25
26 INTENSIVE CARE UNIT		41011	32427	73438	1091		7891	3145	26
26.01 NICU		5538	6890	12428	521			2178	26.01
31 SUBPROVIDER I		34483	4758	39241	399			2570	31
33 NURSERY		19714		19714	440	161	7891	2480	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		119118	136682	255800	1129	1290	15782	6516	37
39 DELIVERY ROOM & LABOR ROOM		20835	205028	225863	1025	107	7891	5714	39
40 ANESTHESIOLOGY		4352	29199	33551	21	161		956	40
41 RADIOLOGY-DIAGNOSTIC		63703	328885	392588	1095	1075	11836	4085	41
44 LABORATORY		53194	74149	127343	728	1290	71017	11898	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		15955	23270	39225	412	269	7891	4720	49
50 PHYSICAL THERAPY		16893	2844	19737	177	161	7891	300	50
53 ELECTROCARDIOLOGY		20698	38711	59409	116	430	7891	1359	53
54 ELECTROENCEPHALOGRAPHY							7891	43	54
55 MEDICAL SUPPLIES CHARGED TO PAT								201	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS								12525	56
58.01 ACUTE DIALYSIS								593	58.01
58.02 CARDIAC CATH LAB		13896	113078	126974	208			1763	58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		24118	8623	32741	1536	376	23672	10	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC		7818	3812	11630	48	269			60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY		21069	5054	26123	223	269		183	60.04
60.05 FAMILY PRACTICE CLINIC		27363	2250	29613	4				60.05
61 EMERGENCY		49200	39742	88942	1543	645	7891	3326	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		1392108	2048159	3440267	21708	19399	433995	85498	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4085		4085		54			96

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	DATA	ADMITTING
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	PATIENT		
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		PHONES	PROCESSING	
	0	3	4	4A	5	5.01	5.02	5.03
98 PHYSICIANS' PRIVATE OFFICES		295230	1852	297082	102	1021		98
98.01 PROHEALTH SERVICES			8480	8480	635	269		98.01
98.02 AUXILIARY			61672	61672	105			98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1691423	2120163	3811586	22550	20743	433995	85498 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5.04	6	8	9	10	11	12	14	
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
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING	71684								5.04
6 ADMINISTRATIVE & GENERAL		143312							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		9359	387271						8
9 LAUNDRY & LINEN SERVICE		1006	6630	31624					9
10 HOUSEKEEPING		3867	6345		44745				10
11 DIETARY		3324	13426		1605	123128			11
12 CAFETERIA		803	6083		727		29776		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2315	4345		519		433	27969	14
15 CENTRAL SERVICES & SUPPLY		1208	19922		2382		473		15
16 PHARMACY		9362	8708		1041		1053		16
17 MEDICAL RECORDS & LIBRARY		2601	8964		1072		912		17
18 SOCIAL SERVICE		1683	275		33		658		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		792					160		22
23 I&R SERVICES-OTHER PRGM COSTS A		57	216		26				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11791	28766	75142	10117	8983	102967	9630	13602	25
26 INTENSIVE CARE UNIT	1603	6414	11335	1349	1355	9422	1371	1937	26
26.01 NICU	1094	2758	1531	1154	183		729	1030	26.01
31 SUBPROVIDER I	1310	2440	9531		1139	10739	646	913	31
33 NURSERY	1264	2518	5449	534	651				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6972	9665	32923	5727	3936		1857	2624	37
39 DELIVERY ROOM & LABOR ROOM	3320	6505	5758	4818	688		1532	2164	39
40 ANESTHESIOLOGY	916	500	1203		144		57		40
41 RADIOLOGY-DIAGNOSTIC	8136	9067	17607	2277	2105		1667		41
44 LABORATORY	11879	9980	14702		1758		1352		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2636	2787	4410		527		724		49
50 PHYSICAL THERAPY	533	1039	4669	585	558		254		50
53 ELECTROCARDIOLOGY	1162	1015	5721		684		263		53
54 ELECTROENCEPHALOGRAPHY	37	111							54
55 MEDICAL SUPPLIES CHARGED TO PAT	212	420							55
55.30 IMPL. DEV. CHARGED TO PATIENT	453	823							55.30
56 DRUGS CHARGED TO PATIENTS	8603	821							56
58.01 ACUTE DIALYSIS	308	760							58.01
58.02 CARDIAC CATH LAB	930	2680	3841		459		210		58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	696	4301	6666	1162	797		1905	2692	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	41	558	2161	50	258		107		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	1872	1402	5823	169	696		454		60.04
60.05 FAMILY PRACTICE CLINIC	103	54	7563	52	904		53		60.05
61 EMERGENCY	5813	8097	13598	3630	1626		2129	3007	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	71684	139858	304547	31624	34856	123128	28629	27969	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		12	1129		135				96

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION		CASHIERS 5.04	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14
98	PHYSICIANS' PRIVATE OFFICES		1147	81595		9754		360	98
98.01	PROHEALTH SERVICES		1567					678	98.01
98.02	AUXILIARY		728					109	98.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	71684	143312	387271	31624	44745	123128	29776	27969 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
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
5.01 COMMUNICATIONS								5.01
5.02 DATA PROCESSING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING								5.04
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	139667							15
16 PHARMACY		135874						16
17 MEDICAL RECORDS & LIBRARY			75590					17
18 SOCIAL SERVICE				6267				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					1064			22
23 I&R SERVICES-OTHER PRGM COSTS A						1081		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			12508	5452			738793	25
26 INTENSIVE CARE UNIT			1688	251			122290	26
26.01 NICU			1152				24758	26.01
31 SUBPROVIDER I			1380				70308	31
33 NURSERY			1331				42433	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			7343	188			351752	37
39 DELIVERY ROOM & LABOR ROOM			3496				268881	39
40 ANESTHESIOLOGY			965				38474	40
41 RADIOLOGY-DIAGNOSTIC			8570				460108	41
44 LABORATORY			12511				264458	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY			2776				66377	49
50 PHYSICAL THERAPY			561				36465	50
53 ELECTROCARDIOLOGY			1224				79274	53
54 ELECTROENCEPHALOGRAPHY			39				8121	54
55 MEDICAL SUPPLIES CHARGED TO PAT	46755		224				47812	55
55.30 IMPL. DEV. CHARGED TO PATIENT	92912		477				94665	55.30
56 DRUGS CHARGED TO PATIENTS		135874	9061				166884	56
58.01 ACUTE DIALYSIS			325				1986	58.01
58.02 CARDIAC CATH LAB			980				138045	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			733				77287	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC			43				15165	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY			1972				39186	60.04
60.05 FAMILY PRACTICE CLINIC			108				38454	60.05
61 EMERGENCY			6123	376			146746	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	139667	135874	75590	6267			3338722	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							5415	96

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
98 PHYSICIANS' PRIVATE OFFICES							391061	98
98.01 PROHEALTH SERVICES							11629	98.01
98.02 AUXILIARY							62614	98.02
101 CROSS FOOT ADJUSTMENTS					1064	1081	2145	101
102 NEGATIVE COST CENTER								102
103 TOTAL	139667	135874	75590	6267	1064	1081	3811586	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
5.01 COMMUNICATIONS		5.01
5.02 DATA PROCESSING		5.02
5.03 ADMITTING		5.03
5.04 CASHIERING		5.04
6 ADMINISTRATIVE & GENERAL		6
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	738793	25
26 INTENSIVE CARE UNIT	122290	26
26.01 NICU	24758	26.01
31 SUBPROVIDER I	70308	31
33 NURSERY	42433	33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	351752	37
39 DELIVERY ROOM & LABOR ROOM	268881	39
40 ANESTHESIOLOGY	38474	40
41 RADIOLOGY-DIAGNOSTIC	460108	41
44 LABORATORY	264458	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
49 RESPIRATORY THERAPY	66377	49
50 PHYSICAL THERAPY	36465	50
53 ELECTROCARDIOLOGY	79274	53
54 ELECTROENCEPHALOGRAPHY	8121	54
55 MEDICAL SUPPLIES CHARGED TO PAT	47812	55
55.30 IMPL. DEV. CHARGED TO PATIENT	94665	55.30
56 DRUGS CHARGED TO PATIENTS	166884	56
58.01 ACUTE DIALYSIS	1986	58.01
58.02 CARDIAC CATH LAB	138045	58.02
59.97 CARDIAC REHABILITATION		59.97
59.98 HYPERBARIC OXYGEN THERAPY		59.98
59.99 LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC	77287	60
60.01 PH CLINIC		60.01
60.02 HEALTHWORKS CLINIC	15165	60.02
60.03 DENTAL CLINIC		60.03
60.04 WOUND CARE THERAPY	39186	60.04
60.05 FAMILY PRACTICE CLINIC	38454	60.05
61 EMERGENCY	146746	61
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	3338722	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	5415	96

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 13:19

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
98 PHYSICIANS' PRIVATE OFFICES	391061	98
98.01 PROHEALTH SERVICES	11629	98.01
98.02 AUXILIARY	62614	98.02
101 CROSS FOOT ADJUSTMENTS	2145	101
102 NEGATIVE COST CENTER		102
103 TOTAL	3811586	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA	ADMITTING	
	REL COSTS	REL COSTS	BENEFITS	PATIENT			
	BLDG&FIXT	MOV EQUIP	GROSS	PHONES	PROCESSING	INPATIENT	
	(SQUARE	(DOLLAR	SALARIES	(NUMBER OF	(MACHINE	REVENUE	
	FEET)	VALUE)		PHONES)	TIME)		
	3	4	5	5.01	5.02	5.03	
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	213681	2765148	40415451	361	110	165626917	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	627			1			96
98 PHYSICIANS' PRIVATE OFFICES	45316	2500	189779	19			98
98.01 PROHEALTH SERVICES		11449	1183049	5			98.01
98.02 AUXILIARY		83261	194769				98.02
CROSS FOOT ADJUSTMENTS							
101 NEGATIVE COST CENTER							101
102 COST TO BE ALLOC PER B PT I	1691423	2120163	5623646	597227	2834457	1325176	102
104 UNIT COST MULT-WS B PT I		.740705		1547.220207		.008001	103
104 UNIT COST MULT-WS B PT I	6.514895		.133950		25767.790909		104
105 COST TO BE ALLOC PER B PT II							104
106 UNIT COST MULT-WS B PT II							105
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			22550	20743	433995	85498	106
108 UNIT COST MULT-WS B PT III				53.738342		.000516	107
108 UNIT COST MULT-WS B PT III			.000537		3945.409091		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS GROSS REVENUE 5.04	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY (MEALS SERVED) 11
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
5.01 COMMUNICATIONS							5.01
5.02 DATA PROCESSING							5.02
5.03 ADMITTING							5.03
5.04 CASHIERING	272984917						5.04
6 ADMINISTRATIVE & GENERAL		-17877933	69681268				6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT			4549757	215075			8
9 LAUNDRY & LINEN SERVICE			488926	3682	309685		9
10 HOUSEKEEPING			1879786	3524		207869	10
11 DIETARY			1615834	7456		7456	115266
12 CAFETERIA			390584	3378		3378	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION			1125320	2413		2413	14
15 CENTRAL SERVICES & SUPPLY			587467	11064		11064	15
16 PHARMACY			4551223	4836		4836	16
17 MEDICAL RECORDS & LIBRARY			1264543	4978		4978	17
18 SOCIAL SERVICE			817961	153		153	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES			384797				22
23 I&R SERVICES-OTHER PRGM COSTS			27563	120		120	23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	45256599		13995961	41731	99074	41731	96393
26 INTENSIVE CARE UNIT	6094261		3118202	6295	13209	6295	8820
26.01 NICU	4159357		1340737	850	11302	850	
31 SUBPROVIDER I	4981330		1186176	5293		5293	10053
33 NURSERY	4805371		1224203	3026	5233	3026	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	26508035		4698438	18284	56083	18284	
39 DELIVERY ROOM & LABOR ROOM	12622258		3162374	3198	47186	3198	
40 ANESTHESIOLOGY	3482118		243122	668		668	
41 RADIOLOGY-DIAGNOSTIC	30937183		4407986	9778	22294	9778	
44 LABORATORY	45166886		4851777	8165		8165	
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	10021387		1354868	2449		2449	
50 PHYSICAL THERAPY	2026976		505208	2593	5730	2593	
53 ELECTROCARDIOLOGY	4419977		493398	3177		3177	
54 ELECTROENCEPHALOGRAPHY	140000		54034				
55 MEDICAL SUPPLIES CHARGED TO P	807042		204088				
55.30 IMPL. DEV. CHARGED TO PATIENT	1721746		400104				
56 DRUGS CHARGED TO PATIENTS	32710540		399039				
58.01 ACUTE DIALYSIS	1172066		369702				
58.02 CARDIAC CATH LAB	3536115		1302967	2133		2133	
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2646086		2090871	3702	11378	3702	
60.01 PH CLINIC							
60.02 HEALTHWORKS CLINIC	154214		271035	1200	494	1200	
60.03 DENTAL CLINIC							
60.04 WOUND CARE THERAPY	7119600		681791	3234	1652	3234	
60.05 FAMILY PRACTICE CLINIC	391307		26109	4200	505	4200	
61 EMERGENCY	22104463		3936293	7552	35545	7552	
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							
69.30 OUTPATIENT OCCUPATIONAL THERA							
69.40 OUTPATIENT SPEECH PATHOLOGY							
71 HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS GROSS REVENUE	RECON- CILIATION	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
			STRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING SQUARE FEET	(MEALS SERVED)	
	5.04	6A	6	8	9	10	11	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	272984917	-17877933	68002244	169132	309685	161926	115266	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			5632	627		627		96
98 PHYSICIANS' PRIVATE OFFICES			557460	45316		45316		98
98.01 PROHEALTH SERVICES			761815					98.01
98.02 AUXILIARY			354117					98.02
CROSS FOOT ADJUSTMENTS								
101 NEGATIVE COST CENTER								101
102 COST TO BE ALLOC PER B PT I	1709299		17877933	5717075	712242	2455751	2316683	102
103 UNIT COST MULT-WS B PT I	.006262		.256567		2.299892		20.098581	103
104 UNIT COST MULT-WS B PT I				26.581774		11.813936		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
CROSS FOOT ADJUSTMENTS								
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	71684		143312	387271	31624	44745	123128	106
108 UNIT COST MULT-WS B PT III	.000263		.002057		.102117		1.068207	107
108 UNIT COST MULT-WS B PT III				1.800632		.215256		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	51654	35721	585237	100	272984917	100	100	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES	650							98
98.01 PROHEALTH SERVICES	1224							98.01
98.02 AUXILIARY	196							98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	620495	1515721	1172865	5926542	1799128	1047407	486849	103
104 UNIT COST MULT-WS B PT I	11.549680		2.004086		.006591		4868.490000	
104 UNIT COST MULT-WS B PT I		42.432211		59265.420000		10474.070000		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	29776	27969	139667	135874	75590	6267	1064	106
108 UNIT COST MULT-WS B PT III	.554240		.238650		.000277		10.640000	107
108 UNIT COST MULT-WS B PT III		.782985		1358.740000		62.670000		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
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
5.01	COMMUNICATIONS	5.01
5.02	DATA PROCESSING	5.02
5.03	ADMITTING	5.03
5.04	CASHIERING	5.04
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	100
24	PARAMED ED PRGM-(SPECIFY)	24
	INPATIENT ROUTINE SERV COST CENTERS	
25	ADULTS & PEDIATRICS	90
26	INTENSIVE CARE UNIT	26
26.01	NICU	26.01
31	SUBPROVIDER I	31
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
53	ELECTROCARDIOLOGY	53
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
58.01	ACUTE DIALYSIS	58.01
58.02	CARDIAC CATH LAB	58.02
59.97	CARDIAC REHABILITATION	59.97
59.98	HYPERBARIC OXYGEN THERAPY	59.98
59.99	LITHOTRIPSY	59.99
	OUTPATIENT SERVICE COST CENTERS	
60	CLINIC	10
60.01	PH CLINIC	60.01
60.02	HEALTHWORKS CLINIC	60.02
60.03	DENTAL CLINIC	60.03
60.04	WOUND CARE THERAPY	60.04
60.05	FAMILY PRACTICE CLINIC	60.05
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
	OTHER REIMBURSABLE COST CENTERS	
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
	SPECIAL PURPOSE COST CENTERS	
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 PROHEALTH SERVICES		98.01
98.02 AUXILIARY		98.02
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	39243	103
104 UNIT COST MULT-WS B PT I	392.430000	
		104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		
		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	1081	107
108 UNIT COST MULT-WS B PT III	10.810000	
		108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	23501533		23501533		23501533	25
26 INTENSIVE CARE UNIT	4583193		4583193		4583193	26
26.01 NICU	1841810		1841810		1841810	26.01
31 SUBPROVIDER I	1991564		1991564		1991564	31
33 NURSERY	1698185		1698185		1698185	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7121943		7121943		7121943	37
39 DELIVERY ROOM & LABOR ROOM	4437447		4437447		4437447	39
40 ANESTHESIOLOGY	355289		355289		355289	40
41 RADIOLOGY-DIAGNOSTIC	6204286		6204286		6204286	41
44 LABORATORY	6735949		6735949		6735949	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1877659		1877659		1877659	49
50 PHYSICAL THERAPY	766217		766217		766217	50
53 ELECTROCARDIOLOGY	776589		776589		776589	53
54 ELECTROENCEPHALOGRAPHY	68820		68820		68820	54
55 MEDICAL SUPPLIES CHARGED TO	654402		654402		654402	55
55.30 IMPL. DEV. CHARGED TO PATIE	1294337		1294337		1294337	55.30
56 DRUGS CHARGED TO PATIENTS	6643556		6643556		6643556	56
58.01 ACUTE DIALYSIS	472280		472280		472280	58.01
58.02 CARDIAC CATH LAB	1746836		1746836		1746836	58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2998658		2998658		2998658	60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	391030		391030		391030	60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	1041070		1041070		1041070	60.04
60.05 FAMILY PRACTICE CLINIC	198919		198919		198919	60.05
61 EMERGENCY	5733810		5733810		5733810	61
62 OBSERVATION BEDS (NON-DISTI	1562597		1562597		1562597	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	84697979		84697979		84697979	101
102 LESS OBSERVATION BEDS	1562597		1562597		1562597	102
103 TOTAL	83135382		83135382		83135382	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	40501683		40501683			25
26 INTENSIVE CARE UNIT	6094261		6094261			26
26.01 NICU	4159357		4159357			26.01
31 SUBPROVIDER I	4981330		4981330			31
33 NURSERY	4805371		4805371			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12380555	14127480	26508035	.268671	.268671	.268671 37
39 DELIVERY ROOM & LABOR ROOM	11072910	1549348	12622258	.351557	.351557	.351557 39
40 ANESTHESIOLOGY	1851878	1630240	3482118	.102032	.102032	.102032 40
41 RADIOLOGY-DIAGNOSTIC	7916903	23020280	30937183	.200545	.200545	.200545 41
44 LABORATORY	23058316	22108570	45166886	.149135	.149135	.149135 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	9144869	876518	10021387	.187365	.187365	.187365 49
50 PHYSICAL THERAPY	582258	1444718	2026976	.378010	.378010	.378010 50
53 ELECTROCARDIOLOGY	2633952	1786025	4419977	.175700	.175700	.175700 53
54 ELECTROENCEPHALOGRAPHY	83839	56161	140000	.491571	.491571	.491571 54
55 MEDICAL SUPPLIES CHARGED TO	440294	366748	807042	.810865	.810865	.810865 55
55.30 IMPL. DEV. CHARGED TO PATIE	697767	1023979	1721746	.751758	.751758	.751758 55.30
56 DRUGS CHARGED TO PATIENTS	24272711	8437829	32710540	.203101	.203101	.203101 56
58.01 ACUTE DIALYSIS	1149823	22243	1172066	.402947	.402947	.402947 58.01
58.02 CARDIAC CATH LAB	3255067	281048	3536115	.493999	.493999	.493999 58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	16337	2629749	2646086	1.133243	1.133243	1.133243 60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC		154214	154214	2.535632	2.535632	2.535632 60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	354424	6765176	7119600	.146226	.146226	.146226 60.04
60.05 FAMILY PRACTICE CLINIC		391307	391307	.508345	.508345	.508345 60.05
61 EMERGENCY	6445494	15658969	22104463	.259396	.259396	.259396 61
62 OBSERVATION BEDS (NON-DISTI	2775777	1979139	4754916	.328628	.328628	.328628 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	168675176	104309741	272984917			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	168675176	104309741	272984917			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				738793		738793
26 INTENSIVE CARE UNIT				122290		122290
26.01 NICU				24758		24758
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				70308		70308
33 NURSERY				42433		42433
101 TOTAL				998582		998582

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	33494	9308			22.06	205334
26 INTENSIVE CARE UNIT	2940	1224			41.60	50918
26.01 NICU	1438				17.22	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3351	1448			20.98	30379
33 NURSERY	2867				14.80	
101 TOTAL	44090	11980				286631

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		351752	26508035	3258525			.013270	43241 37
39 DELIVERY ROOM & LABOR ROOM		268881	12622258	49531			.021302	1055 39
40 ANESTHESIOLOGY		38474	3482118	512124			.011049	5658 40
41 RADIOLOGY-DIAGNOSTIC		460108	30937183	3417813			.014872	50830 41
44 LABORATORY		264458	45166886	7980583			.005855	46726 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		66377	10021387	3410778			.006624	22593 49
50 PHYSICAL THERAPY		36465	2026976	292720			.017990	5266 50
53 ELECTROCARDIOLOGY		79274	4419977	1122170			.017935	20126 53
54 ELECTROENCEPHALOGRAPHY		8121	140000	39334			.058007	2282 54
55 MEDICAL SUPPLIES CHARGED TO P		47812	807042	358984			.059244	21268 55
55.30 IMPL. DEV. CHARGED TO PATIENT		94665	1721746	546178			.054982	30030 55.30
56 DRUGS CHARGED TO PATIENTS		166884	32710540	8210330			.005102	41889 56
58.01 ACUTE DIALYSIS		1986	1172066	499008			.001694	845 58.01
58.02 CARDIAC CATH LAB		138045	3536115	944318			.039039	36865 58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		77287	2646086	3012			.029208	88 60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		15165	154214				.098337	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		39186	7119600	170114			.005504	936 60.04
60.05 FAMILY PRACTICE CLINIC		38454	391307				.098271	60.05
61 EMERGENCY		146746	22104463	2173766			.006639	14432 61
62 OBSERVATION BEDS (NON-DISTINC		49122	4754916	828888			.010331	8563 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2389262	212442915	33818176				352693 101

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL
 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
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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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					33494		9308	25
26 INTENSIVE CARE UNIT					2940		1224	26
26.01 NICU					1438			26.01
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3351		1448	31
33 NURSERY					2867			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					44090		11980	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26508035			3258525		2464120 37
39 DELIVERY ROOM & LABOR ROOM		12622258			49531		1351 39
40 ANESTHESIOLOGY		3482118			512124		281918 40
41 RADIOLOGY-DIAGNOSTIC		30937183			3417813		2268832 41
44 LABORATORY		45166886			7980583		326626 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		10021387			3410778		65970 49
50 PHYSICAL THERAPY		2026976			292720		50
53 ELECTROCARDIOLOGY		4419977			1122170		401181 53
54 ELECTROENCEPHALOGRAPHY		140000			39334		9355 54
55 MEDICAL SUPPLIES CHARGED TO P		807042			358984		328075 55
55.30 IMPL. DEV. CHARGED TO PATIENT		1721746			546178		458753 55.30
56 DRUGS CHARGED TO PATIENTS		32710540			8210330		1949534 56
58.01 ACUTE DIALYSIS		1172066			499008		1838 58.01
58.02 CARDIAC CATH LAB		3536115			944318		218672 58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2646086			3012		723336 60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		154214					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		7119600			170114		2161602 60.04
60.05 FAMILY PRACTICE CLINIC		391307					60.05
61 EMERGENCY		22104463			2173766		1374494 61
62 OBSERVATION BEDS (NON-DISTINC		4754916			828888		269920 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212442915			33818176		13305577 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.268671	.268671	.268671			37
39 DELIVERY ROOM & LABOR ROOM	.351557	.351557	.351557			39
40 ANESTHESIOLOGY	.102032	.102032	.102032			40
41 RADIOLOGY-DIAGNOSTIC	.200545	.200545	.200545			41
44 LABORATORY	.149135	.149135	.149135			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.187365	.187365	.187365			49
50 PHYSICAL THERAPY	.378010	.378010	.378010			50
53 ELECTROCARDIOLOGY	.175700	.175700	.175700			53
54 ELECTROENCEPHALOGRAPHY	.491571	.491571	.491571			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.810865	.810865	.810865			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.751758	.751758	.751758			55.30
56 DRUGS CHARGED TO PATIENTS	.203101	.203101	.203101			56
58.01 ACUTE DIALYSIS	.402947	.402947	.402947			58.01
58.02 CARDIAC CATH LAB	.493999	.493999	.493999			58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.133243	1.133243	1.133243			60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	2.535632	2.535632	2.535632			60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	.146226	.146226	.146226			60.04
60.05 FAMILY PRACTICE CLINIC	.508345	.508345	.508345			60.05
61 EMERGENCY	.259396	.259396	.259396			61
62 OBSERVATION BEDS (NON-DISTINCT	.328628	.328628	.328628			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.203101	1
2 PROGRAM VACCINE CHARGES	1084	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	220	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] 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	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	CENTER	
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2464120						37
39 DELIVERY ROOM & LABOR ROOM		1351						39
40 ANESTHESIOLOGY		281918						40
41 RADIOLOGY-DIAGNOSTIC		2268832						41
44 LABORATORY		326626						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		65970						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		401181						53
54 ELECTROENCEPHALOGRAPHY		9355						54
55 MEDICAL SUPPLIES CHARGED TO PA		328075						55
55.30 IMPL. DEV. CHARGED TO PATIENT		458753						55.30
56 DRUGS CHARGED TO PATIENTS		1949534						56
58.01 ACUTE DIALYSIS		1838						58.01
58.02 CARDIAC CATH LAB		218672						58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		723336						60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC								60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		2161602						60.04
60.05 FAMILY PRACTICE CLINIC								60.05
61 EMERGENCY		1374494						61
62 OBSERVATION BEDS (NON-DISTINCT)		269920						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		13305577						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13305577						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B 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		662038				37
39 DELIVERY ROOM & LABOR ROOM		475				39
40 ANESTHESIOLOGY		28765				40
41 RADIOLOGY-DIAGNOSTIC		455003				41
44 LABORATORY		48711				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		12360				49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY		70488				53
54 ELECTROENCEPHALOGRAPHY		4599				54
55 MEDICAL SUPPLIES CHARGED TO PAT		266025				55
55.30 IMPL. DEV. CHARGED TO PATIENT		344871				55.30
56 DRUGS CHARGED TO PATIENTS		395952				56
58.01 ACUTE DIALYSIS		741				58.01
58.02 CARDIAC CATH LAB		108024				58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		819715				60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC						60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY		316082				60.04
60.05 FAMILY PRACTICE CLINIC						60.05
61 EMERGENCY		356538				61
62 OBSERVATION BEDS (NON-DISTINCT)		88703				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		3979090				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		3979090				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-S206) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		351752	26508035				.013270	37
39 DELIVERY ROOM & LABOR ROOM		268881	12622258				.021302	39
40 ANESTHESIOLOGY		38474	3482118				.011049	40
41 RADIOLOGY-DIAGNOSTIC		460108	30937183	31805			.014872	473 41
44 LABORATORY		264458	45166886	312636			.005855	1830 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		66377	10021387	10249			.006624	68 49
50 PHYSICAL THERAPY		36465	2026976	5790			.017990	104 50
53 ELECTROCARDIOLOGY		79274	4419977	31054			.017935	557 53
54 ELECTROENCEPHALOGRAPHY		8121	140000				.058007	54
55 MEDICAL SUPPLIES CHARGED TO P		47812	807042				.059244	55
55.30 IMPL. DEV. CHARGED TO PATIENT		94665	1721746				.054982	55.30
56 DRUGS CHARGED TO PATIENTS		166884	32710540	360389			.005102	1839 56
58.01 ACUTE DIALYSIS		1986	1172066				.001694	58.01
58.02 CARDIAC CATH LAB		138045	3536115				.039039	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		77287	2646086				.029208	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		15165	154214				.098337	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		39186	7119600				.005504	60.04
60.05 FAMILY PRACTICE CLINIC		38454	391307				.098271	60.05
61 EMERGENCY		146746	22104463	146491			.006639	973 61
62 OBSERVATION BEDS (NON-DISTINC		49122	4754916				.010331	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2389262	212442915	898414				5844 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-S206)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S206) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26508035					37
39 DELIVERY ROOM & LABOR ROOM		12622258					39
40 ANESTHESIOLOGY		3482118					40
41 RADIOLOGY-DIAGNOSTIC		30937183			31805		41
44 LABORATORY		45166886			312636		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		10021387			10249		49
50 PHYSICAL THERAPY		2026976			5790		50
53 ELECTROCARDIOLOGY		4419977			31054		53
54 ELECTROENCEPHALOGRAPHY		140000					54
55 MEDICAL SUPPLIES CHARGED TO P		807042					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1721746					55.30
56 DRUGS CHARGED TO PATIENTS		32710540			360389		56
58.01 ACUTE DIALYSIS		1172066					58.01
58.02 CARDIAC CATH LAB		3536115					58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2646086					60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		154214					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		7119600					60.04
60.05 FAMILY PRACTICE CLINIC		391307					60.05
61 EMERGENCY		22104463			146491		61
62 OBSERVATION BEDS (NON-DISTINC		4754916					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212442915			898414		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-S206) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33494	3351					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33494	3351					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33494	3351					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)	9308	1448					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) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	23501533	1991564					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	23501533	1991564					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40501683	6094261					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40501683	6094261					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.580261	.326793					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1209.22	1818.64					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	23501533	1991564					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) (14-0206)	SUB I (PPS) (14-S206)	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	701.66	594.32					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6531051	860575					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6531051	860575					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	4583193	2940	1558.91	1224	1908106		43
43.01	NICU	1841810	1438	1280.81				43.01
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7688281	173762					48
49	TOTAL PROGRAM INPATIENT COSTS	16127438	1034337					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	256252	30379					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	352693	5844					51
52	TOTAL PROGRAM EXCLUDABLE COST	608945	36223					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	15518493	998114					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)	SUB I (PPS)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0206) (14-S206)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2227	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	701.66	84
85 OBSERVATION BED COST	1562597	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		23501533		1562597		86
87 NEW CAPITAL-RELATED COST	738793	23501533	.031436	1562597	49122	87
88 NON PHYSICIAN ANESTHETIST		23501533		1562597		88
89 MEDICAL EDUCATION		23501533		1562597		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0206) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		11720889		25
26 INTENSIVE CARE UNIT		2752821		26
26.01 NICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268671	3258525	875471	37
39 DELIVERY ROOM & LABOR ROOM	.351557	49531	17413	39
40 ANESTHESIOLOGY	.102032	512124	52253	40
41 RADIOLOGY-DIAGNOSTIC	.200545	3417813	685425	41
44 LABORATORY	.149135	7980583	1190184	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.187365	3410778	639060	49
50 PHYSICAL THERAPY	.378010	292720	110651	50
53 ELECTROCARDIOLOGY	.175700	1122170	197165	53
54 ELECTROENCEPHALOGRAPHY	.491571	39334	19335	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.810865	358984	291088	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.751758	546178	410594	55.30
56 DRUGS CHARGED TO PATIENTS	.203101	8210330	1667526	56
58.01 ACUTE DIALYSIS	.402947	499008	201074	58.01
58.02 CARDIAC CATH LAB	.493999	944318	466492	58.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.133243	3012	3413	60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	2.535632			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.146226	170114	24875	60.04
60.05 FAMILY PRACTICE CLINIC	.508345			60.05
61 EMERGENCY	.259396	2173766	563866	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.328628	828888	272396	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		33818176	7688281	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		33818176		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-S206)	<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
26.01 NICU				26.01
31 SUBPROVIDER I		2145619		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268671			37
39 DELIVERY ROOM & LABOR ROOM	.351557			39
40 ANESTHESIOLOGY	.102032			40
41 RADIOLOGY-DIAGNOSTIC	.200545	31805	6378	41
44 LABORATORY	.149135	312636	46625	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.187365	10249	1920	49
50 PHYSICAL THERAPY	.378010	5790	2189	50
53 ELECTROCARDIOLOGY	.175700	31054	5456	53
54 ELECTROENCEPHALOGRAPHY	.491571			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.810865			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.751758			55.30
56 DRUGS CHARGED TO PATIENTS	.203101	360389	73195	56
58.01 ACUTE DIALYSIS	.402947			58.01
58.02 CARDIAC CATH LAB	.493999			58.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.133243			60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	2.535632			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.146226			60.04
60.05 FAMILY PRACTICE CLINIC	.508345			60.05
61 EMERGENCY	.259396	146491	37999	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.328628			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		898414	173762	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		898414		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2914558					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	8743675					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	286977					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	167.90					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	2.68					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		1.78				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	3.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	4.78					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.26					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	2.00					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	3.01				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.017927				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.013517				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	0.013517				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	21457				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]	64371				3.23
3.24	SUM OF LINES 3.21-3.23	85828	0			3.24
4	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2571				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.6179				4.01
4.02	SUM OF 4 AND 4.01	0.8750				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.6140				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	7158155				4.04
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	19189193				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	19189193				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1162017				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	60924				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	20412134				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20412134				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1052784				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	294649				20
21	REIMBURSABLE BAD DEBTS	1137688				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	796382				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1017108				21.02
22	SUBTOTAL	19861083				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	19861083				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	19830026				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	31057				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	802435				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02
1 MEDICAL AND OTHER SERVICES	220		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3979090		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1958580		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836		1.03
1.04 LINE 1.01 TIMES LINE 1.03	3326519		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	58.88		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	220		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	1084		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	1084		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	1084		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	864		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	220		17
17.01 TOTAL PPS PAYMENTS	1958580		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	499972		18.01
19 SUBTOTAL	1458828		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	14125		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1472953		23
24 PRIMARY PAYER PAYMENTS	244		24
25 SUBTOTAL	1472709		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	427105		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	298974		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	392171		27.02
28 SUBTOTAL	1771683		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	1771683		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1814239		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-42556		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S206) 1	SUB I (14-S206) 1.01	SUB I (14-S206) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03	472			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	472			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S206) 1	SUB I (14-S206) 1.01	SUB I (14-S206) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	149		18.01
19 SUBTOTAL	323		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	323		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	323		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	323		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	323		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	323		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S206)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		AMOUNT	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1005547		323
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1005547		323
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1005547		323

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-S206)	SUB II	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		1145204			1.08
1.09					1.09
1.10					1.10
1.11		2.00			1.11
1.12					1.12
1.13					1.13
1.14					1.14
1.15					1.15
1.16		9.180822			1.16
1.17					1.17
1.18					1.18
1.19		1145204			1.19
1.20					1.20
1.21					1.21
1.22					1.22
1.23		1145204			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		1145204			4
5					5
6		1145204			6
7		129757			7
8		1015447			8
9		9900			9
10		1005547			10
11					11
11.01					11.01
11.02					11.02
12		1005547			12
13					13

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09
02/25/2011 13:19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S206)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1005547				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1005547				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM					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

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	1.98 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	1.98 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	1.78 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	1.78 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	1.78 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	1.78 3.09
3.10	SEE INSTRUCTIONS	1.78 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	2.50 3.11
3.12	SEE INSTRUCTIONS	2.50 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.26 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.00 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.25 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.25 3.16
3.17	SEE INSTRUCTIONS	86018.48 3.17
3.18	SEE INSTRUCTIONS	193542 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			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS		0.59	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.59	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		86018.48	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		50751	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		244293	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		11980	4
5	TOTAL INPATIENT DAYS		38996	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.307211	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 75049 0		75049	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		38996	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 0 0			6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& 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	17161775	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	17161775	16
PART B REASONABLE COST			
17	REASONABLE COST	3979310	17
18	PRIMARY PAYER PAYMENTS	244	18
19	TOTAL PART B REASONABLE COST	3979066	19
20	TOTAL REASONABLE COST	21140841	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.811783	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.188217	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	75049	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	60924	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	14125	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	19693333			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	32711208			4
5 OTHER RECEIVABLES	3976847			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19855679			6
7 INVENTORY	1177412			7
8 PREPAID EXPENSES	3986637			8
9 OTHER CURRENT ASSETS	1			9
10 DUE FROM OTHER FUNDS	59932			10
11 TOTAL CURRENT ASSETS	41749691			11
FIXED ASSETS				
12 LAND	4529913			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	3112770			13
13.01 ACCUMULATED DEPRECIATION	-2983410			13.01
14 BUILDINGS	44054885			14
14.01 ACCUMULATED DEPRECIATION	-27532174			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	16919701			16
16.01 ACCUMULATED DEPRECIATION	-12193505			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	39207022			18
18.01 ACCUMULATED DEPRECIATION	-32067083			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	33048119			21
OTHER ASSETS				
22 INVESTMENTS	7341535			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	11812955			25
26 TOTAL OTHER ASSETS	19154490			26
27 TOTAL ASSETS	93952300			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5137911			28
29 SALARIES, WAGES & FEES PAYABLE	2155811			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	913852			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	11289512			35
36 TOTAL CURRENT LIABILITIES	19497086			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	21814855			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	19033026			41
42 TOTAL LONG TERM LIABILITIES	40847881			42
43 TOTAL LIABILITIES	60344967			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	33607333			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	33607333			51
52 TOTAL LIABILITIES AND FUND BALANCES	93952300			52

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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	36789189			1
2 NET INCOME (LOSS)	-1504432			2
3 TOTAL	35284757			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	35284757			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ADJ TO FUND BALANCE	1677424			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	1677424			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	33607333			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	47611767		47611767	1
2 SUBPROVIDER I	4984296		4984296	2
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	52596063		52596063	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	6121956		6121956	10
10.01 NICU	4663673		4663673	10.01
11 CORONARY CARE UNIT				11
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	10785629		10785629	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	63381692		63381692	16
17 ANCILLARY SERVICES	105023720	111700557	216724277	17
18 OUTPATIENT SERVICES		2735245	2735245	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	168405412	114435802	282841214	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		100751890	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSES	10965974		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		10965974	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING		-2	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-2	39
40 TOTAL OPERATING EXPENSES		111717862	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	282841214	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	175142196	2
3	NET PATIENT REVENUES	107699018	3
4	LESS - TOTAL OPERATING EXPENSES	111717862	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4018844	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	80647	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		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED		24
24.01	INVESTMENT IN JOINT VENTURES		24.01
24.02	OTHER OPERATING INCOME	1975303	24.02
24.03	CAPITATION REVENUE	458461	24.03
24.05	ROUNDING	1	24.05
25	TOTAL OTHER INCOME	2514412	25
26	TOTAL	-1504432	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1504432	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT				2
3	CAPITAL DRG OTHER THAN OUTLIER	958822			3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
4	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	8937			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	97.66			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	3.01	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.87			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	8342			4.03
5	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.2571			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.6179			5.01
5.02	SUM OF LINES 5 AND 5.01	0.8750			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1939			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	185916			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1162017			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
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL 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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 PROHEALTH SERVICES						98.01
98.02 AUXILIARY						98.02
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