

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
1	HOSPITAL	2	3
2	SUBPROVIDER I	-103320	-98273
3	SWING BED - SNF	29814	
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	-73506	-98273

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 WEST CENTRAL ROAD
 1.01 CITY: ARLINGTON HEIGHTS

STATE: IL

P.O.BOX:

ZIP CODE: 60005

COUNTY: COOK

1
 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	NORTHWEST COMMUNITY HOSPITAL	14-0252	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NWCH PSYCHIATRIC UNIT	14-S252	11/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	NORTHWEST COMMUNITY HOME CARE SERV	14-7094	07/01/1966	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2009	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.			NO	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?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 8580396	PAID LOSSES: 225868	AND/OR SELF INSURANCE:	557624		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		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.)		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)		YES	02/04/2011		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & Peds, EXCL. SWING BED, OBSERV & HOSPICE DAYS		11972	2247	24331	1
2	HMO XIX					2
3	HOSPITAL ADULTS & Peds - SWING BED SNF					3
4	HOSPITAL ADULTS & Peds - SWING BED NF					4
5	TOTAL ADULTS & Peds EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		11972	2247	24331	12
13	RPCH VISITS					13
14	SUBPROVIDER I		203	222	1390	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	175930484	-291247	175639237	5717860.80	30.72		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	2863974		2863974	30607.17	93.57	TC OFFSET	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	12900397	-526517	12373880	364173.36	33.98	CC ANALYSIS	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1210641		1210641	20877.51	57.99	CONT LABOR SUMM	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1307437		1307437	10390.00	125.84	PHY FEE ANALYS	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)	49982014		49982014			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	3419471		3419471			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	287391		287391			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1946920		1946920	42201.72	46.13		21
22 ADMINISTRATIVE & GENERAL	25464287	-291247	25173040	804033.84	31.31		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	135135		135135	11088.13	12.19		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	7932344		7932344	425633.18	18.64		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING							26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	3127778	-877657	2250121	137625.24	16.35		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		877657	877657	55940.00	15.69		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	3408600		3408600	85226.87	39.99		30
31 CENTRAL SERVICES AND SUPPLY	1638733		1638733	97765.52	16.76		31
32 PHARMACY	4392920		4392920	109839.47	39.99		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2113215		2113215	97224.39	21.74		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

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)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	173201645	-291247	172910398	5698341.76	30.34	1
2 EXCLUDED AREA SALARIES	12900397	-526517	12373880	364173.36	33.98	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	160301248	235270	160536518	5334168.40	30.10	3
4 SUBTOTAL OTHER WAGES & REL COSTS	2518078		2518078	31267.51	80.53	4
5 SUBTOTAL WAGE-RELATED COSTS	49982014		49982014		31.13%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	212801340	235270	213036610	5365435.91	39.71	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	50159932	-291247	49868685	1866578.36	26.72	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		4890		407	5297	1
2 UNDUPLICATED CENSUS COUNT		1820.00		625.00	2445.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	20.52		20.52	5
6 DIRECT NURSING SERVICE	22.69		22.69	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	18.63		18.63	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	2.41		2.41	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.51		.51	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.52		.52	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.55		2.55	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 CONTINUUM PERSONNEL	4.21		4.21	18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC	SCIC ONLY	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5	EPISODES 6		
21 SKILLED NURSING VISITS	14956		412	381			15749	21
22 SKILLED NURSING VISIT CHARGES	2955484		82124	75068			3112676	22
23 PHYSICAL THERAPY VISITS	11704		124	213			12041	23
24 PHYSICAL THERAPY VISIT CHARGES	2485912		26712	45368			2557992	24
25 OCCUPATIONAL THERAPY VISITS	1504		4	22			1530	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	319696		848	4664			325208	26
27 SPEECH PATHOLOGY VISITS	224		3	9			236	27
28 SPEECH PATHOLOGY VISIT CHARGES	47488		636	1908			50032	28
29 MEDICAL SOCIAL SERVICE VISITS	650		2	15			667	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	151996		468	3510			155974	30
31 HOME HEALTH AIDE VISITS	2005		3	20			2028	31
32 HOME HEALTH AIDE VISIT CHARGES	261170		390	2600			264160	32
33 TOTAL VISITS	31043		548	660			32251	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	6221746		111178	133118			6466042	35
36 TOTAL NUMBER OF EPISODES	1975		201	60			2236	36
37 TOTAL NUMBER OF OUTLIER EPISODES				2			2	37
38 TOTAL MEDICAL SUPPLY CHARGES	149286		4844	1689			155819	38

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	18014841	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	18014841	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.281726	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	86838737	28
29	TOTAL GROSS MEDICAID COST	24464730	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	26989814	30
31	UNCOMPENSATED CARE COST	7603732	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	24464730	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
3	0300 NEW CAP REL COSTS-BLDG & FIXT				19502887	19502887	-5580340	13922547	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				14248421	14248421	-13537	14234884	4
5	0500 EMPLOYEE BENEFITS	1946920	40202456	42149376		42149376	-33618	42115758	5
5.01	0501 GENERAL OVERHEAD		52216704	52216704	-52216704				5.01
6	0600 ADMINISTRATIVE & GENERAL	25464287	33950752	59415039	18846303	78261342	-1944236	76317106	6
8	0800 OPERATION OF PLANT	7932344	9156821	17089165	208382	17297547	-158587	17138960	8
11	1100 DIETARY	3127778	2216506	5344284	-1701235	3643049		3643049	11
12	1200 CAFETERIA				1701235	1701235	-1599472	101763	12
14	1400 NURSING ADMINISTRATION	3408600	1568227	4976827		4976827	-42190	4934637	14
15	1500 CENTRAL SERVICES & SUPPLY	1638733	2198314	3837047	-1586731	2250316		2250316	15
16	1600 PHARMACY	4392920	16810850	21203770	-15326530	5877240	-28800	5848440	16
17	1700 MEDICAL RECORDS & LIBRARY	2113215	2110763	4223978		4223978		4223978	17
24	2400 PARAMED ED PRGM- EMS				248968	248968	-206766	42202	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	39051633	7440441	46492074	-2714553	43777521	-123643	43653878	25
26	2600 INTENSIVE CARE UNIT	9121748	2715372	11837120	-675868	11161252	-900560	10260692	26
31	3100 SUBPROVIDER I	4362025	511529	4873554	-363923	4509631	-127854	4381777	31
33	3300 NURSERY	2162177	505877	2668054	-91027	2577027	-183585	2393442	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	13078470	23017257	36095727	-20001290	16094437	-257140	15837297	37
40	4000 ANESTHESIOLOGY	113265	846296	959561	-814103	145458		145458	40
41	4100 RADIOLOGY-DIAGNOSTIC	13571348	10429671	24001019	-2670341	21330678	-6133	21324545	41
43.01	3480 ONCOLOGY	490632	120647	611279	-60921	550358		550358	43.01
44	4400 LABORATORY	5805573	6424066	12229639	-204589	12025050	-98662	11926388	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	595283	3173830	3769113	-2357	3766756		3766756	46
49	4900 RESPIRATORY THERAPY	2070508	813949	2884457	-213473	2670984		2670984	49
50	5000 PHYSICAL THERAPY	5171413	1277528	6448941	-136538	6312403	4116	6316519	50
53	5300 ELECTROCARDIOLOGY	2415068	795128	3210196	-80259	3129937	-216095	2913842	53
53.01	3120 CARDIAC CATH LAB	1538025	8299382	9837407	-7370471	2466936	-17788	2449148	53.01
53.02	3160 CARDIAC REHABILITATION	625221	379865	1005086	-6447	998639	-80091	918548	53.02
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				27914918	27914918		27914918	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				10467721	10467721		10467721	55.30
56	5600 DRUGS CHARGED TO PATIENTS				15218837	15218837		15218837	56
57	5700 RENAL DIALYSIS		1043443	1043443	-3932	1039511		1039511	57
OUTPATIENT SERVICE COST CENTERS									
60.01	4950 PARTIAL HOSPITALIZATION PROGRAM				1242780	1242780		1242780	60.01
60.02	4951 TREATMENT CENTERS	4858622	1951453	6810075	-464618	6345457	-3422482	2922975	60.02
61	6100 EMERGENCY	12336304	5355660	17691964	-2260387	15431577	-1232189	14199388	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY	5697618	897139	6594757	3122	6597879	-40	6597839	71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	173089730	236429926	409519656	637277	410156933	-16269692	393887241	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	94994	93664	188658	-1812	186846		186846	96
96.01	9601 ADULT DAY CARE								96.01
96.02	9602 OTHER NRCC	83589	182475	266064		266064		266064	96.02
96.03	9603 FOUNDATION								96.03
96.04	9604 CHCC						6591136	6591136	96.04
96.05	9605 CORPORATE HEALTH	241955	134988	376943	-319	376624		376624	96.05
96.06	9606 MARKETING	401744	1264602	1666346	-87	1666259		1666259	96.06
96.07	9607 EMS CONTINUING EDUCATION				453111	453111		453111	96.07
97.01	9701 RESIDENTIAL TREATMENT CENTER	1363518	227129	1590647	-847962	742685		742685	97.01
98	9800 PHYSICIANS' PRIVATE OFFICES		990358	990358		990358		990358	98
98.05	9801 SCHAUMBURG MEDICAL CENTER								98.05
99.01	9902 GASTRO PARSONS		121107	121107	-9790	111317		111317	99.01
99.50	9901 OTHER CORP	654954	833232	1488186	-230418	1257768	-408295	849473	99.50
101	TOTAL	175930484	240277481	416207965		416207965	-10086851	406121114	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SHARED EXPENSES	A	CAFETERIA	12	877657	823578	1
2						2
3 FLOAT POOL	B	ADULTS & PEDIATRICS	25	744432	54817	3
4	B	INTENSIVE CARE UNIT	26	144427	10635	4
5	B	SUBPROVIDER I	31	47496	3497	5
6	B	NURSERY	33	12601	928	6
7	B	OPERATING ROOM	37	2908	214	7
8	B	EMERGENCY	61	14540	1071	8
9	B	HOME HEALTH AGENCY	71	2908	214	9
10						10
11 TREATMENT CENTER RENT	C	NEW CAP REL COSTS-BLDG & FIXT	3		389259	11
12	C					12
13						13
14 COST OF MEDICAL SUPPLIES SOLD	D	MEDICAL SUPPLIES CHARGED TO P	55		27914918	14
15	D	IMPL. DEV. CHARGED TO PATIENT	55.30		10467721	15
16	D					16
17	D					17
18	D					18
19	D					19
20	D					20
21	D					21
22	D					22
23	D					23
24	D					24
25	D					25
26	D					26
27	D					27
28	D					28
29	D					29
30	D					30
31	D					31
32	D					32
33	D					33
34	D					34
35	D					35
36 SUBTOTAL				1846969	39666852	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 SHARED EXPENSES	A	DIETARY	11	877657	823578	1
2						2
3 FLOAT POOL	B	ADULTS & PEDIATRICS	25	969312	71376	3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10						10
11 TREATMENT CENTER RENT	C	TREATMENT CENTERS	60.02		315259	9 11
12	C	RADIOLOGY-DIAGNOSTIC	41		74000	12
13						13
14 COST OF MEDICAL SUPPLIES SOLD	D	ADULTS & PEDIATRICS	25		2473114	14
15	D	INTENSIVE CARE UNIT	26		830930	15
16	D	SUBPROVIDER I	31		16523	16
17	D	NURSERY	33		104556	17
18	D	OPERATING ROOM	37		20004412	18
19	D	ANESTHESIOLOGY	40		814103	19
20	D	RADIOLOGY-DIAGNOSTIC	41		2596341	20
21	D	ONCOLOGY	43.01		60921	21
22	D	LABORATORY	44		204589	22
23	D	WHOLE BLOOD & PACKED RED BLOO	46		2357	23
24	D	RESPIRATORY THERAPY	49		213473	24
25	D	PHYSICAL THERAPY	50		136538	25
26	D	ELECTROCARDIOLOGY	53		80259	26
27	D	CARDIAC CATH LAB	53.01		7370471	27
28	D	CARDIAC REHABILITATION	53.02		6447	28
29	D	CENTRAL SERVICES & SUPPLY	15		1586731	29
30	D	PHARMACY	16		107693	30
31	D	RENAL DIALYSIS	57		3932	31
32	D	EMERGENCY	61		1573919	32
33	D	TREATMENT CENTERS	60.02		149359	33
34	D	GIFT, FLOWER, COFFEE SHOP & C	96		1812	34
35	D	CORPORATE HEALTH	96.05		319	35
36 SUBTOTAL				1846969	39623012	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	D				1
2	D				2
3	D				3
4	D				4
5					5
6	E	DRUGS CHARGED TO PATIENTS	56		15218837
7					7
8	F	PARAMED ED PRGM- EMS	24	180668	68300
9	F	EMS CONTINUING EDUCATION	96.07	328807	124304
10					10
11					11
12	G	NEW CAP REL COSTS-BLDG & FIXT	3		18612373
13	G	NEW CAP REL COSTS-MVBLE EQUIP	4		14248421
14					14
15	H	NEW CAP REL COSTS-BLDG & FIXT	3		210008
16	H	OPERATION OF PLANT	8		208382
17					17
18	I	PARTIAL HOSPITALIZATION PROGRAM	60.01	1086396	156384
19	I				19
20					20
21					21
22					22
23	K	ADMINISTRATIVE & GENERAL	6		19355910
24					24
25	L	NEW CAP REL COSTS-BLDG & FIXT	3		291247
26					26
27	M	ADMINISTRATIVE & GENERAL	6		200030
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		3442840	108361048

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	D	MARKETING	96.06		87	1
2	D	RESIDENTIAL TREATMENT CENTER	97.01		3575	2
3	D	OTHER CORP	99.50		30388	3
4	D	GASTRO PARSONS	99.01		9790	9 4
5						5
6	E	PHARMACY	16		15218837	6
7						7
8	F	EMERGENCY	61	509475	192604	8
9						9
10						10
11						11
12	G	GENERAL OVERHEAD	5.01		32860794	9 12
13	G					9 13
14						14
15	H	ADMINISTRATIVE & GENERAL	6		418390	9 15
16	H					16
17						17
18	I	SUBPROVIDER I	31	362579	35814	18
19	I	RESIDENTIAL TREATMENT CENTER	97.01	723817	120570	19
20						20
21						21
22						22
23	K	GENERAL OVERHEAD	5.01		19355910	23
24						24
25	L	ADMINISTRATIVE & GENERAL	6	291247		13 25
26						26
27	M	OTHER CORP	99.50		200030	27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		3734087	108069801	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	1789072					1789072		1
2 LAND IMPROVEMENTS	12811854	1087173		1087173		13899027		2
3 BUILDINGS AND FIXTURES	186016497	109512389		109512389		295528886		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	137475619	68265671		68265671		205741290		5
6 MOVABLE EQUIPMENT	82970554	15005711		15005711	242890	97733375		6
7 SUBTOTAL	421063596	193870944		193870944	242890	614691650		7
8 RECONCILING ITEMS								8
9 TOTAL	421063596	193870944		193870944	242890	614691650		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-3039953	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-100615	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-6556	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6398157			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	86534			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1599472	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 WELLNESS CENTER RENT TO COST	A	-76685	CARDIAC REHABILITATION	53.02	36
38 CAPITATION	A	-884938	ADMINISTRATIVE & GENERAL	6	37
39 DR SELECT AND PHO	A	-1063182	ADMINISTRATIVE & GENERAL	6	38
40					39
41 SUPPLEMENTAL PENSION CR BAL	A	802877	ADMINISTRATIVE & GENERAL	6	40
42 LOBBYING FEES	A	-46727	ADMINISTRATIVE & GENERAL	6	41
43					42
44					43
45 PATIENT PHONE EMP BENEFITS	A	-13365	EMPLOYEE BENEFITS	5	9 44
45.08 SWAP BASIS SETTLEMENT	A	-35720	NEW CAP REL COSTS-BLDG & FIXT	3	45
45.09 AMORT OF CAPITALIZED INT INCOME 2	B	-78148	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.08
45.14 TUITION	B	-206766	PARAMED ED PRGM- EMS	24	9 45.09
45.71 NC HEALTH COST	A	6591136	CHCC	96.04	45.14
45.73 MISC OPERATING INCOME	B	-122434	ADULTS & PEDIATRICS	25	45.71
45.74 MISC OPERATING INCOME	B	-42190	NURSING ADMINISTRATION	14	45.73
45.76 MISC OPERATING INCOME	B	-360	PHYSICAL THERAPY	50	45.74
45.88 PIANO DEPRECIATION	A	-1371	NEW CAP REL COSTS-MVBLE EQUIP	4	9 45.76
46 WELLNESS CENTER RENT TO COST	A	7107	PHYSICAL THERAPY	50	45.88
47					46
47.13 MESA BILLING	A	-15752	ADMINISTRATIVE & GENERAL	6	47
48					47.13
49 MISC OPERATING INCOME	B	-3705	RADIOLOGY-DIAGNOSTIC	41	48
49.11 MISC OPERATING INCOME	B	-127854	SUBPROVIDER I	31	49
49.12 MISC OPERATING INCOME	B	-10140	LABORATORY	44	49.11
49.14 MISC OPERATING INCOME	B	-152031	OPERATION OF PLANT	8	49.12
49.15 MISC OPERATING INCOME	B	-40	HOME HEALTH AGENCY	71	49.14
49.17 MISC OPERATING INCOME	B	-2150	CARDIAC CATH LAB	53.01	49.15
49.18 MISC OPERATING INCOME	B	-82540	OPERATING ROOM	37	49.17
49.22 MISC OPERATING INCOME	B	-28800	PHARMACY	16	49.18
49.23 MISC OPERATING INCOME	B	-262545	ADMINISTRATIVE & GENERAL	6	49.22

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
49.25 MISC OPERATING INCOME	B	-49630	EMERGENCY	61	49.25
49.26 NON ALLOWABLE TRAVEL	A	-50400	ADMINISTRATIVE & GENERAL	6	49.26
49.27 COMMUNITY SUPPORT CONTRIBUTIONS	A	-7339	ADMINISTRATIVE & GENERAL	6	49.27
49.28 COMMUNITY SUPPORT CONTRIBUTIONS	A	-408295	OTHER CORP	99.50	9 49.28
49.29 SENIOR SERVICES INCOME	B	-67061	ADMINISTRATIVE & GENERAL	6	9 49.29
49.30 PT ACCT INCOME	B	-16839	ADMINISTRATIVE & GENERAL	6	9 49.30
49.31 NON ALLOWABLE MEALS	A	-134060	ADMINISTRATIVE & GENERAL	6	49.31
49.32 CSM DEPRECIATION	A	-2540756	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.32
49.33 AMORT OF DEPR EXP OF DEMOSISHED A	A	68111	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.33
49.34 CSM DEPRECIATION	A	-12166	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.34
49.35 MEDICARE DEPR METHOD	A	46126	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.35
50 TOTAL		-10086851			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	60.02	TREATMENT CENTERS				
2	41	RADIOLOGY-DIAGNOSTIC				
3						
4						
5		TOTALS	360534	274000	86534	

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	3765		3765	177200	30	2556	128
2	26	INTENSIVE CARE UNIT	936000	891551	44449	177200	416	35440	1772
3	37	OPERATING ROOM	174600	174600					
4	41	RADIOLOGY-DIAGNOSTIC	32396		32396	225300	178	19280	964
5	44	LABORATORY	309200		309200	215700	2128	220678	11034
6	50	PHYSICAL THERAPY	6720		6720	177200	48	4089	204
7	53	ELECTROCARDIOLOGY	226525	209505	17020	165600	131	10430	522
8	53.01	CARDIAC CATH LAB	35460		35460	225300	183	19822	991
9	53.02	CARDIAC REHABILITATION	134931		134931	165600	1652	131525	6576
10	61	EMERGENCY	1474939	1044939	430000	177200	3432	292380	14619
11	60.02	TREATMENT CENTERS	3498328	3498328					
12	33	NURSERY	190400	174400	16000	177200	80	6815	341
13	5	EMPLOYEE BENEFITS	20253	20253					
14	6	ADMINISTRATIVE & GENERAL	77466		77466	177200	656	55886	2794
15	6	ADMINISTRATIVE & GENERAL	200030		200030	177200	1455	123955	6198
101		TOTAL	7321013	6013576	1307437		10389	922856	46143

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS	AGGREGATE				2556	1209	1209
2	26	INTENSIVE CARE UNIT	AGGREGATE				35440	9009	900560
3	37	OPERATING ROOM	AGGREGATE						174600
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				19280	13116	13116
5	44	LABORATORY	AGGREGATE				220678	88522	88522
6	50	PHYSICAL THERAPY	AGGREGATE				4089	2631	2631
7	53	ELECTROCARDIOLOGY	AGGREGATE				10430	6590	216095
8	53.01	CARDIAC CATH LAB	AGGREGATE				19822	15638	15638
9	53.02	CARDIAC REHABILITATION	AGGREGATE				131525	3406	3406
10	61	EMERGENCY	AGGREGATE				292380	137620	1182559
11	60.02	TREATMENT CENTERS	AGGREGATE						3498328
12	33	NURSERY	AGGREGATE				6815	9185	183585
13	5	EMPLOYEE BENEFITS	AGGREGATE						20253
14	6	ADMINISTRATIVE & GENERAL	AGGREGATE				55886	21580	21580
15	6	ADMINISTRATIVE & GENERAL	AGGREGATE				123955	76075	76075
101		TOTAL					922856	384581	6398157

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	DIETARY
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		
	0	3	4	5	5A	6	8	11
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	13922547	13922547						3
4 NEW CAP REL COSTS-MVBLE EQUIP	14234884		14234884					4
5 EMPLOYEE BENEFITS	42115758	207261	6713	42329732				5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL	76317106	3255889	5427712	6134796	91135503	91135503		6
8 OPERATION OF PLANT	17138960	1910163	243025	1933152	21225300	6141158	27366458	8
11 DIETARY	3643049	168788	106229	548366	4466432	1292282	540298	6299012 11
12 CAFETERIA	101763	110998	83804	213889	510454	147691	355311	12
14 NURSING ADMINISTRATION	4934637	137795	10558	830693	5913683	1711018	441089	14
15 CENTRAL SERVICES & SUPPLY	2250316	251571	42876	399367	2944130	851831	805289	15
16 PHARMACY	5848440	100316	9184	1070577	7028517	2033575	321116	16
17 MEDICAL RECORDS & LIBRARY	4223978	85377	50606	515001	4874962	1410483	273296	17
24 PARAMED ED PRGM- EMS	42202	9811		44030	96043	27788	31404	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	43653878	2361900	1227185	9462322	56705285	16406738	7560544	4939289 25
26 INTENSIVE CARE UNIT	10260692	520797	312540	2258213	13352242	3863231	1667093	650423 26
31 SUBPROVIDER I	4381777	344651	64425	986260	5777113	1671504	1103241	535202 31
33 NURSERY	2393442	40378	178420	530004	3142244	909152	129251	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15837297	1269976	2059598	3187997	22354868	6467979	4065246	37
40 ANESTHESIOLOGY	145458	10581	132925	27603	316567	91593	33870	40
41 RADIOLOGY-DIAGNOSTIC	21324545	693436	2764682	3307405	28090068	8127356	2219719	41
43.01 ONCOLOGY	550358	343860	6855	119569	1020642	295304	1100711	43.01
44 LABORATORY	11926388	273442	581565	1414847	14196242	4107427	875300	44
46 WHOLE BLOOD & PACKED RED BLOOD	3766756	18851	15107	145073	3945787	1141642	60343	46
49 RESPIRATORY THERAPY	2670984	64114	84132	504593	3323823	961688	205232	49
50 PHYSICAL THERAPY	6316519	199011	92241	1260299	7868070	2276484	637042	50
53 ELECTROCARDIOLOGY	2913842	108890	127941	588564	3739237	1081881	348563	53
53.01 CARDIAC CATH LAB	2449148	48384	37887	374824	2910243	842026	154881	53.01
53.02 CARDIAC REHABILITATION	918548	178619	9058	152369	1258594	364152	571767	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	27914918				27914918	8076679		55
55.30 IMPL. DEV. CHARGED TO PATIENT	10467721				10467721	3028647		55.30
56 DRUGS CHARGED TO PATIENTS	15218837				15218837	4403297		56
57 RENAL DIALYSIS	1039511		4828		1044339	302161		57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	1242780	98391		264760	1605931	464647	314952	60.01
60.02 TREATMENT CENTERS	2922975	437852	47132	1184070	4592029	1328621	1401583	60.02
61 EMERGENCY	14199388	317996	414752	2885801	17817937	5155299	1017917	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	6597839	104917	45287	1389247	8137290	2354378	335845	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	393887241	13674015	14187267	41733691	392995051	87337712	26570903	6124914 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	186846	114830	3759	23151	328586	95070	367574	96
96.01 ADULT DAY CARE			2364		2364	684		96.01
96.02 OTHER NRCC	266064		3010	20371	289445	83746		96.02
96.03 FOUNDATION		18223	1640		19863	5747	58332	96.03
96.04 CHCC	6591136				6591136	1907027		96.04
96.05 CORPORATE HEALTH	376624	55155	10469	58966	501214	145017	176552	96.05
96.06 MARKETING	1666259	40864	3140	97907	1808170	523161	130808	96.06
96.07 EMS CONTINUING EDUCATION	453111	9811	20780	80132	563834	163135	31404	96.07
97.01 RESIDENTIAL TREATMENT CENTER	742685			155898	898583	259989		174098 97.01
98 PHYSICIANS' PRIVATE OFFICES	990358		2455		992813	287253		98
98.05 SCHAUMBURG MEDICAL CENTER		9649			9649	2792	30885	98.05
99.01 GASTRO PARSONS	111317				111317	32208		99.01
99.50 OTHER CORP	849473			159616	1009089	291962		99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	406121114	13922547	14234884	42329732	406121114	91135503	27366458	6299012 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
11 DIETARY								11
12 CAFETERIA	1013456							12
14 NURSING ADMINISTRATION	21564	8087354						14
15 CENTRAL SERVICES & SUPPLY	24738		4625988					15
16 PHARMACY	27796	298598		9709602				16
17 MEDICAL RECORDS & LIBRARY	24601				6583342			17
24 PARAMED ED PRGM- EMS	1274	13683				170192		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	311812	3349539		128368	689942		90091517	25
26 INTENSIVE CARE UNIT	61572	661427		23131	133519		20412638	26
31 SUBPROVIDER I	32697	351238		312	95616		9566923	31
33 NURSERY	14153	167138		4201	26999		4393138	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	100032	1074578		42107	576619		34681429	37
40 ANESTHESIOLOGY	1516	16284		7465	68004		535299	40
41 RADIOLOGY-DIAGNOSTIC	101280			10151	1694116		40242690	41
43.01 ONCOLOGY	3537	37996			17406		2475596	43.01
44 LABORATORY	60246			111	861961		20101287	44
46 WHOLE BLOOD & PACKED RED BLOOD	5127			26	98362		5251287	46
49 RESPIRATORY THERAPY	17396			24768	50300		4583207	49
50 PHYSICAL THERAPY	40039			1120	94244		10916999	50
53 ELECTROCARDIOLOGY	20143	216386		1559	189468		5597237	53
53.01 CARDIAC CATH LAB	9858	105903		1219	219343		4243473	53.01
53.02 CARDIAC REHABILITATION	4658	50040		8	8724		2257943	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			3354229	3937	773714		40123477	55
55.30 IMPL. DEV. CHARGED TO PATIENT			1257791		278240		15032399	55.30
56 DRUGS CHARGED TO PATIENTS				9216704	358522		29197360	56
57 RENAL DIALYSIS					20092		1366592	57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	9948				14465		2409943	60.01
60.02 TREATMENT CENTERS		259471		127813	31737		7741254	60.02
61 EMERGENCY	99764	1071695		40475	281949	170192	25655228	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		413378	13968	4775			11259634	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	993751	8087354	4625988	9638250	6583342	170192	388136550	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1726						792956	96
96.01 ADULT DAY CARE							3048	96.01
96.02 OTHER NRCC	1190			328			374709	96.02
96.03 FOUNDATION							83942	96.03
96.04 CHCC							8498163	96.04
96.05 CORPORATE HEALTH	1779			70946			895508	96.05
96.06 MARKETING	3263						2465402	96.06
96.07 EMS CONTINUING EDUCATION	2063			78			760514	96.07
97.01 RESIDENTIAL TREATMENT CENTER	6579						1339249	97.01
98 PHYSICIANS' PRIVATE OFFICES							1280066	98
98.05 SCHAUMBURG MEDICAL CENTER							43326	98.05
99.01 GASTRO PARSONS							143525	99.01
99.50 OTHER CORP	3105						1304156	99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1013456	8087354	4625988	9709602	6583342	170192	406121114	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	GENERAL OVERHEAD		5.01
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
24	PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	90091517	25
26	INTENSIVE CARE UNIT	20412638	26
31	SUBPROVIDER I	9566923	31
33	NURSERY	4393138	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	34681429	37
40	ANESTHESIOLOGY	535299	40
41	RADIOLOGY-DIAGNOSTIC	40242690	41
43.01	ONCOLOGY	2475596	43.01
44	LABORATORY	20101287	44
46	WHOLE BLOOD & PACKED RED BLOOD	5251287	46
49	RESPIRATORY THERAPY	4583207	49
50	PHYSICAL THERAPY	10916999	50
53	ELECTROCARDIOLOGY	5597237	53
53.01	CARDIAC CATH LAB	4243473	53.01
53.02	CARDIAC REHABILITATION	2257943	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	40123477	55
55.30	IMPL. DEV. CHARGED TO PATIENT	15032399	55.30
56	DRUGS CHARGED TO PATIENTS	29197360	56
57	RENAL DIALYSIS	1366592	57
OUTPATIENT SERVICE COST CENTERS			
60.01	PARTIAL HOSPITALIZATION PROGRAM	2409943	60.01
60.02	TREATMENT CENTERS	7741254	60.02
61	EMERGENCY	25655228	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY	11259634	71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	388136550	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	792956	96
96.01	ADULT DAY CARE	3048	96.01
96.02	OTHER NRCC	374709	96.02
96.03	FOUNDATION	83942	96.03
96.04	CHCC	8498163	96.04
96.05	CORPORATE HEALTH	895508	96.05
96.06	MARKETING	2465402	96.06
96.07	EMS CONTINUING EDUCATION	760514	96.07
97.01	RESIDENTIAL TREATMENT CENTER	1339249	97.01
98	PHYSICIANS' PRIVATE OFFICES	1280066	98
98.05	SCHAUMBURG MEDICAL CENTER	43326	98.05
99.01	GASTRO PARSONS	143525	99.01
99.50	OTHER CORP	1304156	99.50
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	406121114	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	DIETARY 11
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	1067	207261	6713	215041	215041			5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL	879025	3255889	5427712	9562626	31164	9593790		6
8 OPERATION OF PLANT	84300	1910163	243025	2237488	9820	646480	2893788	8
11 DIETARY	3626	168788	106229	278643	2786	136039	57132	474600 11
12 CAFETERIA		110998	83804	194802	1087	15547	37571	12
14 NURSING ADMINISTRATION	81	137795	10558	148434	4220	180119	46642	14
15 CENTRAL SERVICES & SUPPLY	221169	251571	42876	515616	2029	89672	85153	15
16 PHARMACY	186424	100316	9184	295924	5438	214075	33956	16
17 MEDICAL RECORDS & LIBRARY	101	85377	50606	136084	2616	148482	28899	17
24 PARAMED ED PRGM- EMS		9811		9811	224	2925	3321	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4946	2361900	1227185	3594031	48078	1727088	799467	372152 25
26 INTENSIVE CARE UNIT	2367	520797	312540	835704	11472	406683	176282	49006 26
31 SUBPROVIDER I	776	344651	64425	409852	5010	175959	116659	40325 31
33 NURSERY	498	40378	178420	219296	2692	95706	13667	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	127104	1269976	2059598	3456678	16195	680885	429868	37
40 ANESTHESIOLOGY		10581	132925	143506	140	9642	3581	40
41 RADIOLOGY-DIAGNOSTIC	1238493	693436	2764682	4696611	16801	855567	234718	41
43.01 ONCOLOGY	101	343860	6855	350816	607	31087	116392	43.01
44 LABORATORY	6884	273442	581565	861891	7187	432389	92556	44
46 WHOLE BLOOD & PACKED RED BLOOD		18851	15107	33958	737	120181	6381	46
49 RESPIRATORY THERAPY	35267	64114	84132	183513	2563	101237	21702	49
50 PHYSICAL THERAPY	357492	199011	92241	648744	6402	239646	67362	50
53 ELECTROCARDIOLOGY	708	108890	127941	237539	2990	113890	36858	53
53.01 CARDIAC CATH LAB	101	48384	37887	86372	1904	88640	16377	53.01
53.02 CARDIAC REHABILITATION	21566	178619	9058	209243	774	38334	60460	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT						850233		55
55.30 IMPL. DEV. CHARGED TO PATIENT						318826		55.30
56 DRUGS CHARGED TO PATIENTS						463535		56
57 RENAL DIALYSIS			4828	4828		31808		57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM		98391		98391	1345	48913	33304	60.01
60.02 TREATMENT CENTERS	444313	437852	47132	929297	6015	139864	148206	60.02
61 EMERGENCY	2085	317996	414752	734833	14660	542699	107637	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	388	104917	45287	150592	7057	247846	35513	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	3618882	13674015	14187267	31480164	212013	9193997	2809664	461483 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		114830	3759	118589	118	10008	38868	96
96.01 ADULT DAY CARE			2364	2364		72		96.01
96.02 OTHER NRCC			3010	3010	103	8816		96.02
96.03 FOUNDATION		18223	1640	19863		605	6168	96.03
96.04 CHCC						200753		96.04
96.05 CORPORATE HEALTH	101	55155	10469	65725	300	15266	18669	96.05
96.06 MARKETING	102	40864	3140	44106	497	55073	13832	96.06
96.07 EMS CONTINUING EDUCATION	101	9811	20780	30692	407	17173	3321	96.07
97.01 RESIDENTIAL TREATMENT CENTER					792	27369		13117 97.01
98 PHYSICIANS' PRIVATE OFFICES	595		2455	3050		30239		98
98.05 SCHAUMBURG MEDICAL CENTER		9649		9649		294	3266	98.05
99.01 GASTRO PARSONS						3390		99.01
99.50 OTHER CORP					811	30735		99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3619781	13922547	14234884	31777212	215041	9593790	2893788	474600 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
11 DIETARY								11
12 CAFETERIA	249007							12
14 NURSING ADMINISTRATION	5298	384713						14
15 CENTRAL SERVICES & SUPPLY	6078		698548					15
16 PHARMACY	6830	14204		570427				16
17 MEDICAL RECORDS & LIBRARY	6045				322126			17
24 PARAMED ED PRGM- EMS	313	651				17245		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	76611	159338		7541	33789		6818095	25
26 INTENSIVE CARE UNIT	15128	31464		1359	6539		1533637	26
31 SUBPROVIDER I	8034	16708		18	4683		777248	31
33 NURSERY	3478	7951		247	1322		344359	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24578	51117		2474	28239		4690034	37
40 ANESTHESIOLOGY	372	775		439	3330		161785	40
41 RADIOLOGY-DIAGNOSTIC	24885			596	82684		5911862	41
43.01 ONCOLOGY	869	1807			852		502430	43.01
44 LABORATORY	14802			7	42214		1451046	44
46 WHOLE BLOOD & PACKED RED BLOOD	1260			2	4817		167336	46
49 RESPIRATORY THERAPY	4274			1455	2463		317207	49
50 PHYSICAL THERAPY	9838			66	4616		976674	50
53 ELECTROCARDIOLOGY	4949	10293		92	9279		415890	53
53.01 CARDIAC CATH LAB	2422	5038		72	10742		211567	53.01
53.02 CARDIAC REHABILITATION	1145	2380			427		312763	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			506502	231	37892		1394858	55
55.30 IMPL. DEV. CHARGED TO PATIENT			189937		13626		522389	55.30
56 DRUGS CHARGED TO PATIENTS				541468	17558		1022561	56
57 RENAL DIALYSIS					984		37620	57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	2444				708		185105	60.01
60.02 TREATMENT CENTERS		12343		7509	1554		1244788	60.02
61 EMERGENCY	24512	50980		2378	13808		1491507	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		19664	2109	281			463062	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	244165	384713	698548	566235	322126		30953823	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	424						168007	96
96.01 ADULT DAY CARE							2436	96.01
96.02 OTHER NRCC	292			19			12240	96.02
96.03 FOUNDATION							26636	96.03
96.04 CHCC							200753	96.04
96.05 CORPORATE HEALTH	437			4168			104565	96.05
96.06 MARKETING	802						114310	96.06
96.07 EMS CONTINUING EDUCATION	507			5			52105	96.07
97.01 RESIDENTIAL TREATMENT CENTER	1617						42895	97.01
98 PHYSICIANS' PRIVATE OFFICES							33289	98
98.05 SCHAUMBURG MEDICAL CENTER							13209	98.05
99.01 GASTRO PARSONS							3390	99.01
99.50 OTHER CORP	763						32309	99.50
101 CROSS FOOT ADJUSTMENTS						17245	17245	101
102 NEGATIVE COST CENTER								102
103 TOTAL	249007	384713	698548	570427	322126	17245	31777212	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
5.01 GENERAL OVERHEAD		5.01
6 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
24 PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	6818095	25
26 INTENSIVE CARE UNIT	1533637	26
31 SUBPROVIDER I	777248	31
33 NURSERY	344359	33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	4690034	37
40 ANESTHESIOLOGY	161785	40
41 RADIOLOGY-DIAGNOSTIC	5911862	41
43.01 ONCOLOGY	502430	43.01
44 LABORATORY	1451046	44
46 WHOLE BLOOD & PACKED RED BLOOD	167336	46
49 RESPIRATORY THERAPY	317207	49
50 PHYSICAL THERAPY	976674	50
53 ELECTROCARDIOLOGY	415890	53
53.01 CARDIAC CATH LAB	211567	53.01
53.02 CARDIAC REHABILITATION	312763	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1394858	55
55.30 IMPL. DEV. CHARGED TO PATIENT	522389	55.30
56 DRUGS CHARGED TO PATIENTS	1022561	56
57 RENAL DIALYSIS	37620	57
OUTPATIENT SERVICE COST CENTERS		
60.01 PARTIAL HOSPITALIZATION PROGRAM	185105	60.01
60.02 TREATMENT CENTERS	1244788	60.02
61 EMERGENCY	1491507	61
62 OBSERVATION BEDS (NON-DISTINCT		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
71 HOME HEALTH AGENCY	463062	71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	30953823	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	168007	96
96.01 ADULT DAY CARE	2436	96.01
96.02 OTHER NRCC	12240	96.02
96.03 FOUNDATION	26636	96.03
96.04 CHCC	200753	96.04
96.05 CORPORATE HEALTH	104565	96.05
96.06 MARKETING	114310	96.06
96.07 EMS CONTINUING EDUCATION	52105	96.07
97.01 RESIDENTIAL TREATMENT CENTER	42895	97.01
98 PHYSICIANS' PRIVATE OFFICES	33289	98
98.05 SCHAUMBURG MEDICAL CENTER	13209	98.05
99.01 GASTRO PARSONS	3390	99.01
99.50 OTHER CORP	32309	99.50
101 CROSS FOOT ADJUSTMENTS	17245	101
102 NEGATIVE COST CENTER		102
103 TOTAL	31777212	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	3	4	5		6	8	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	686855						3
4 NEW CAP REL COSTS-MVBLE EQUIP		14298679					4
5 EMPLOYEE BENEFITS	10225	6743	173692317				5
5.01 GENERAL OVERHEAD							5.01
6 ADMINISTRATIVE & GENERAL	160626	5452033	25173040	-91135503	314985611		6
8 OPERATION OF PLANT	94236	244114	7932344		21225300	421768	8
11 DIETARY	8327	106705	2250121		4466432	8327	11
12 CAFETERIA	5476	84180	877657		510454	5476	12
14 NURSING ADMINISTRATION	6798	10605	3408600		5913683	6798	14
15 CENTRAL SERVICES & SUPPLY	12411	43068	1638733		2944130	12411	15
16 PHARMACY	4949	9225	4392920		7028517	4949	16
17 MEDICAL RECORDS & LIBRARY	4212	50833	2113215		4874962	4212	17
24 PARAMED ED PRGM- EMS	484		180668		96043	484	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	116522	1232685	38826753		56705285	116522	25
26 INTENSIVE CARE UNIT	25693	313941	9266175		13352242	25693	26
31 SUBPROVIDER I	17003	64714	4046942		5777113	17003	31
33 NURSERY	1992	179220	2174778		3142244	1992	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	62653	2068829	13081378		22354868	62653	37
40 ANESTHESIOLOGY	522	133521	113265		316567	522	40
41 RADIOLOGY-DIAGNOSTIC	34210	2777073	13571348		28090068	34210	41
43.01 ONCOLOGY	16964	6886	490632		1020642	16964	43.01
44 LABORATORY	13490	584172	5805573		14196242	13490	44
46 WHOLE BLOOD & PACKED RED BLOO	930	15175	595283		3945787	930	46
49 RESPIRATORY THERAPY	3163	84509	2070508		3323823	3163	49
50 PHYSICAL THERAPY	9818	92654	5171413		7868070	9818	50
53 ELECTROCARDIOLOGY	5372	128514	2415068		3739237	5372	53
53.01 CARDIAC CATH LAB	2387	38057	1538025		2910243	2387	53.01
53.02 CARDIAC REHABILITATION	8812	9099	625221		1258594	8812	53.02
55 MEDICAL SUPPLIES CHARGED TO P					27914918		55
55.30 IMPL. DEV. CHARGED TO PATIENT					10467721		55.30
56 DRUGS CHARGED TO PATIENTS					15218837		56
57 RENAL DIALYSIS		4850			1044339		57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR	4854		1086396		1605931	4854	60.01
60.02 TREATMENT CENTERS	21601	47343	4858622		4592029	21601	60.02
61 EMERGENCY	15688	416611	11841369		17817937	15688	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY	5176	45490	5700526		8137290	5176	71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	674594	14250849	171246573	-91135503	301859548	409507	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	5665	3776	94994		328586	5665	96
96.01 ADULT DAY CARE		2375			2364		96.01
96.02 OTHER NRCC		3023	83589		289445		96.02
96.03 FOUNDATION	899	1647			19863	899	96.03
96.04 CHCC					6591136		96.04
96.05 CORPORATE HEALTH	2721	10516	241955		501214	2721	96.05
96.06 MARKETING	2016	3154	401744		1808170	2016	96.06
96.07 EMS CONTINUING EDUCATION	484	20873	328807		563834	484	96.07
97.01 RESIDENTIAL TREATMENT CENTER			639701		898583		97.01
98 PHYSICIANS' PRIVATE OFFICES		2466			992813		98
98.05 SCHAUMBURG MEDICAL CENTER	476				9649	476	98.05
99.01 GASTRO PARSONS					111317		99.01
99.50 OTHER CORP			654954		1009089		99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	13922547	14234884	42329732		91135503	27366458	103
104 UNIT COST MULT-WS B PT I		.995538				64.885098	
104 UNIT COST MULT-WS B PT I	20.269994		.243705		.289332		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			215041		9593790	2893788	107
108 UNIT COST MULT-WS B PT III						6.861090	
108 UNIT COST MULT-WS B PT III			.001238		.030458		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION (NSG VP FTES)	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY GROSS REVENUE	MEDICAL RECORDS + LIBRARY GROSS REVENUE	PARAMED EDUCATION EMS ASSIGNED TIME	
	MEALS SERVED 11	MEALS SERVED 12	14	15	16	17	24	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
11 DIETARY	320634							11
12 CAFETERIA		192545						12
14 NURSING ADMINISTRATION		4097	143033					14
15 CENTRAL SERVICES & SUPPLY		4700		38498885				15
16 PHARMACY		5281	5281		16032723			16
17 MEDICAL RECORDS & LIBRARY		4674				1337744242		17
24 PARAMED ED PRGM- EMS		242	242				1000	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	251421	59240	59240		211964	140203616		25
26 INTENSIVE CARE UNIT	33108	11698	11698		38195	27132545		26
31 SUBPROVIDER I	27243	6212	6212		516	19430296		31
33 NURSERY		2689	2956		6937	5486434		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		19005	19005		69528	117175230		37
40 ANESTHESIOLOGY		288	288		12327	13819229		40
41 RADIOLOGY-DIAGNOSTIC		19242			16762	344200563		41
43.01 ONCOLOGY		672	672			3537164		43.01
44 LABORATORY		11446			184	175159795		44
46 WHOLE BLOOD & PACKED RED BLOO		974			43	19988225		46
49 RESPIRATORY THERAPY		3305			40897	10221598		49
50 PHYSICAL THERAPY		7607			1850	19151482		50
53 ELECTROCARDIOLOGY		3827	3827		2574	38501862		53
53.01 CARDIAC CATH LAB		1873	1873		2013	44572939		53.01
53.02 CARDIAC REHABILITATION		885	885		13	1772812		53.02
55 MEDICAL SUPPLIES CHARGED TO P				27914918	6501	157226984		55
55.30 IMPL. DEV. CHARGED TO PATIENT				10467721		56541385		55.30
56 DRUGS CHARGED TO PATIENTS					15218837	72855423		56
57 RENAL DIALYSIS						4082862		57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		1890				2939428		60.01
60.02 TREATMENT CENTERS			4589		211047	6449302		60.02
61 EMERGENCY		18954	18954		66834	57295068	1000	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY			7311	116246	7885			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	311772	188801	143033	38498885	15914907	1337744242	1000	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		328						96
96.01 ADULT DAY CARE								96.01
96.02 OTHER NRCC		226			541			96.02
96.03 FOUNDATION								96.03
96.04 CHCC								96.04
96.05 CORPORATE HEALTH		338			117147			96.05
96.06 MARKETING		620						96.06
96.07 EMS CONTINUING EDUCATION		392			128			96.07
97.01 RESIDENTIAL TREATMENT CENTER	8862	1250						97.01
98 PHYSICIANS' PRIVATE OFFICES								98
98.05 SCHAUMBURG MEDICAL CENTER								98.05
99.01 GASTRO PARSONS								99.01
99.50 OTHER CORP		590						99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6299012	1013456	8087354	4625988	9709602	6583342	170192	103
104 UNIT COST MULT-WS B PT I	19.645490		56.541875		.605612		170.192000	104
104 UNIT COST MULT-WS B PT I		5.263476		.120159		.004921		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	474600	249007	384713	698548	570427	322126	17245	107
108 UNIT COST MULT-WS B PT III	1.480192		2.689680		.035579		17.245000	108
108 UNIT COST MULT-WS B PT III		1.293241		.018145		.000241		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	90091517		90091517	1209	90092726	25
26 INTENSIVE CARE UNIT	20412638		20412638	9009	20421647	26
31 SUBPROVIDER I	9566923		9566923		9566923	31
33 NURSERY	4393138		4393138	9185	4402323	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	34681429		34681429		34681429	37
40 ANESTHESIOLOGY	535299		535299		535299	40
41 RADIOLOGY-DIAGNOSTIC	40242690		40242690	13116	40255806	41
43.01 ONCOLOGY	2475596		2475596		2475596	43.01
44 LABORATORY	20101287		20101287	88522	20189809	44
46 WHOLE BLOOD & PACKED RED BL	5251287		5251287		5251287	46
49 RESPIRATORY THERAPY	4583207		4583207		4583207	49
50 PHYSICAL THERAPY	10916999		10916999	2631	10919630	50
53 ELECTROCARDIOLOGY	5597237		5597237	6590	5603827	53
53.01 CARDIAC CATH LAB	4243473		4243473	15638	4259111	53.01
53.02 CARDIAC REHABILITATION	2257943		2257943	3406	2261349	53.02
55 MEDICAL SUPPLIES CHARGED TO	40123477		40123477		40123477	55
55.30 IMPL. DEV. CHARGED TO PATIE	15032399		15032399		15032399	55.30
56 DRUGS CHARGED TO PATIENTS	29197360		29197360		29197360	56
57 RENAL DIALYSIS	1366592		1366592		1366592	57
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO	2409943		2409943		2409943	60.01
60.02 TREATMENT CENTERS	7741254		7741254		7741254	60.02
61 EMERGENCY	25655228		25655228	137620	25792848	61
62 OBSERVATION BEDS (NON-DISTI	1689854		1689854		1689854	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	378566770		378566770	286926	378853696	101
102 LESS OBSERVATION BEDS	1689854		1689854		1689854	102
103 TOTAL	376876916		376876916	286926	377163842	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	137286401		137286401			25
26 INTENSIVE CARE UNIT	27132545		27132545			26
31 SUBPROVIDER I	19430296		19430296			31
33 NURSERY	5486434		5486434			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	56825259	60349971	117175230	.295979	.295979	.295979 37
40 ANESTHESIOLOGY	8482652	5336577	13819229	.038736	.038736	.038736 40
41 RADIOLOGY-DIAGNOSTIC	113639863	230560700	344200563	.116916	.116916	.116916 41
43.01 ONCOLOGY	2548	3534616	3537164	.699882	.699882	.699882 43.01
44 LABORATORY	90506943	84652852	175159795	.114760	.114760	.115265 44
46 WHOLE BLOOD & PACKED RED BL	15334234	4653991	19988225	.262719	.262719	.262719 46
49 RESPIRATORY THERAPY	8935814	1285784	10221598	.448385	.448385	.448385 49
50 PHYSICAL THERAPY	5717398	13434084	19151482	.570034	.570034	.570172 50
53 ELECTROCARDIOLOGY	18148373	20353489	38501862	.145376	.145376	.145547 53
53.01 CARDIAC CATH LAB	31083656	13489283	44572939	.095203	.095203	.095554 53.01
53.02 CARDIAC REHABILITATION	219	1772593	1772812	1.273651	1.273651	1.275572 53.02
55 MEDICAL SUPPLIES CHARGED TO	111863070	45363914	157226984	.255195	.255195	.255195 55
55.30 IMPL. DEV. CHARGED TO PATIE	44786602	11754783	56541385	.265865	.265865	.265865 55.30
56 DRUGS CHARGED TO PATIENTS	55660367	17195056	72855423	.400758	.400758	.400758 56
57 RENAL DIALYSIS	4025817	57045	4082862	.334714	.334714	.334714 57
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO		2939428	2939428	.819868	.819868	.819868 60.01
60.02 TREATMENT CENTERS	23469	6425833	6449302	1.200324	1.200324	1.200324 60.02
61 EMERGENCY	23915733	33379335	57295068	.447774	.447774	.450176 61
62 OBSERVATION BEDS (NON-DISTI		2917215	2917215	.579270	.579270	.579270 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	778287693	559456549	1337744242			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	778287693	559456549	1337744242			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				6818095		6818095	25
26 INTENSIVE CARE UNIT				1533637		1533637	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				777248		777248	31
33 NURSERY				344359		344359	33
101 TOTAL				9473339		9473339	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	85409	48119			79.83	3841340	25
26 INTENSIVE CARE UNIT	11036	5685			138.97	790044	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	9081	1631			85.59	139597	31
33 NURSERY	7909				43.54		33
101 TOTAL	113435	55435				4770981	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4690034	117175230	28677543		.040026	1147847	37
40 ANESTHESIOLOGY		161785	13819229	4141503		.011707	48485	40
41 RADIOLOGY-DIAGNOSTIC		5911862	344200563	64834245		.017176	1113593	41
43.01 ONCOLOGY		502430	3537164	2001		.142043	284	43.01
44 LABORATORY		1451046	175159795	51785752		.008284	428993	44
46 WHOLE BLOOD & PACKED RED BLOO		167336	19988225	8236375		.008372	68955	46
49 RESPIRATORY THERAPY		317207	10221598	5182047		.031033	160814	49
50 PHYSICAL THERAPY		976674	19151482	4034886		.050997	205767	50
53 ELECTROCARDIOLOGY		415890	38501862	11592857		.010802	125226	53
53.01 CARDIAC CATH LAB		211567	44572939	17912801		.004747	85032	53.01
53.02 CARDIAC REHABILITATION		312763	1772812	217		.176422	38	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1394858	157226984	57266164		.008872	508065	55
55.30 IMPL. DEV. CHARGED TO PATIENT		522389	56541385	28775202		.009239	265854	55.30
56 DRUGS CHARGED TO PATIENTS		1022561	72855423	29613487		.014035	415625	56
57 RENAL DIALYSIS		37620	4082862	2487680		.009214	22921	57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		185105	2939428			.062973		60.01
60.02 TREATMENT CENTERS		1244788	6449302	20935		.193011	4041	60.02
61 EMERGENCY		1491507	57295068	12959961		.026032	337374	61
62 OBSERVATION BEDS (NON-DISTINC		127886	2917215			.043838		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21145308	1148408566	327523656			4938914	101

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY 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
02/22/2011 17:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/22/2011 17:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25	INPAT ROUTINE SERV COST CTRS					25
26	ADULTS & PEDIATRICS	85409		48119		26
27	INTENSIVE CARE UNIT	11036		5685		27
28	CORONARY CARE UNIT					28
29	BURN INTENSIVE CARE UNIT					29
30	SURGICAL INTENSIVE CARE UNIT					30
31	OTHER SPECIAL CARE (SPECIFY)					31
33	SUBPROVIDER I	9081		1631		33
34	NURSERY	7909				34
35	SKILLED NURSING FACILITY					35
101	NURSING FACILITY					35
101	TOTAL	113435		55435		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				170192			170192
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				170192			170192 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		117175230			28677543		20805767 37
40 ANESTHESIOLOGY		138192229			4141503		1578076 40
41 RADIOLOGY-DIAGNOSTIC		344200563			64834245		87079894 41
43.01 ONCOLOGY		3537164			2001		1343053 43.01
44 LABORATORY		175159795			51785752		5080974 44
46 WHOLE BLOOD & PACKED RED BLOO		19988225			8236375		1156355 46
49 RESPIRATORY THERAPY		10221598			5182047		652750 49
50 PHYSICAL THERAPY		19151482			4034886		137948 50
53 ELECTROCARDIOLOGY		38501862			11592857		6468602 53
53.01 CARDIAC CATH LAB		44572939			17912801		6441471 53.01
53.02 CARDIAC REHABILITATION		1772812			217		855367 53.02
55 MEDICAL SUPPLIES CHARGED TO P		157226984			57266164		14464343 55
55.30 IMPL. DEV. CHARGED TO PATIENT		56541385			28775202		6875439 55.30
56 DRUGS CHARGED TO PATIENTS		72855423			29613487		5849122 56
57 RENAL DIALYSIS		4082862			2487680		56040 57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2939428					41514 60.01
60.02 TREATMENT CENTERS		6449302			20935		434754 60.02
61 EMERGENCY	170192	57295068	.002970	.002970	12959961	38491	6792015 61
62 OBSERVATION BEDS (NON-DISTINC		2917215					647657 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	170192	1148408566			327523656	38491	166761141 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY			20172		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02
			20172		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.295979	.295979	.295979			37
40 ANESTHESIOLOGY	.038736	.038736	.038736			40
41 RADIOLOGY-DIAGNOSTIC	.116916	.116916	.116916			41
43.01 ONCOLOGY	.699882	.699882	.699882			43.01
44 LABORATORY	.114760	.114760	.114760			44
46 WHOLE BLOOD & PACKED RED BLOOD	.262719	.262719	.262719			46
49 RESPIRATORY THERAPY	.448385	.448385	.448385			49
50 PHYSICAL THERAPY	.570034	.570034	.570034			50
53 ELECTROCARDIOLOGY	.145376	.145376	.145376			53
53.01 CARDIAC CATH LAB	.095203	.095203	.095203			53.01
53.02 CARDIAC REHABILITATION	1.273651	1.273651	1.273651			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.255195	.255195	.255195			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.265865	.265865	.265865			55.30
56 DRUGS CHARGED TO PATIENTS	.400758	.400758	.400758			56
57 RENAL DIALYSIS	.334714	.334714	.334714			57
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	.819868	.819868	.819868			60.01
60.02 TREATMENT CENTERS	1.200324	1.200324	1.200324			60.02
61 EMERGENCY	.447774	.447774	.447774			61
62 OBSERVATION BEDS (NON-DISTINCT	.579270	.579270	.579270			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.400758	1
2 PROGRAM VACCINE CHARGES	18236	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	7308	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		20805767						37
40 ANESTHESIOLOGY		1578076						40
41 RADIOLOGY-DIAGNOSTIC		87079894	59407					41
43.01 ONCOLOGY		1343053						43.01
44 LABORATORY		5080974						44
46 WHOLE BLOOD & PACKED RED BLOOD		1156355						46
49 RESPIRATORY THERAPY		652750						49
50 PHYSICAL THERAPY		137948						50
53 ELECTROCARDIOLOGY		6468602						53
53.01 CARDIAC CATH LAB		6441471						53.01
53.02 CARDIAC REHABILITATION		855367						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		14464343						55
55.30 IMPL. DEV. CHARGED TO PATIENT		6875439						55.30
56 DRUGS CHARGED TO PATIENTS		5849122						56
57 RENAL DIALYSIS		56040						57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRA		41514						60.01
60.02 TREATMENT CENTERS		434754						60.02
61 EMERGENCY		6792015						61
62 OBSERVATION BEDS (NON-DISTINCT		647657						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		166761141	59407					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		166761141	59407					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6158070					37
40 ANESTHESIOLOGY		61128					40
41 RADIOLOGY-DIAGNOSTIC		10181033	6946				41
43.01 ONCOLOGY		939979					43.01
44 LABORATORY		583093					44
46 WHOLE BLOOD & PACKED RED BLOOD		303796					46
49 RESPIRATORY THERAPY		292683					49
50 PHYSICAL THERAPY		78635					50
53 ELECTROCARDIOLOGY		940379					53
53.01 CARDIAC CATH LAB		613247					53.01
53.02 CARDIAC REHABILITATION		1089439					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		3691228					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1827939					55.30
56 DRUGS CHARGED TO PATIENTS		2344082					56
57 RENAL DIALYSIS		18757					57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGRAM		34036					60.01
60.02 TREATMENT CENTERS		521846					60.02
61 EMERGENCY		3041288					61
62 OBSERVATION BEDS (NON-DISTINCT		375168					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		33095826	6946				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		33095826	6946				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-S252) [] 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		4690034	117175230				.040026	37
40 ANESTHESIOLOGY		161785	13819229				.011707	40
41 RADIOLOGY-DIAGNOSTIC		5911862	344200563	99269			.017176	1705 41
43.01 ONCOLOGY		502430	3537164				.142043	43.01
44 LABORATORY		1451046	175159795	295987			.008284	2452 44
46 WHOLE BLOOD & PACKED RED BLOO		167336	19988225	1125			.008372	9 46
49 RESPIRATORY THERAPY		317207	10221598	484			.031033	15 49
50 PHYSICAL THERAPY		976674	19151482	18559			.050997	946 50
53 ELECTROCARDIOLOGY		415890	38501862	42408			.010802	458 53
53.01 CARDIAC CATH LAB		211567	44572939				.004747	53.01
53.02 CARDIAC REHABILITATION		312763	1772812				.176422	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1394858	157226984	4382			.008872	39 55
55.30 IMPL. DEV. CHARGED TO PATIENT		522389	56541385				.009239	55.30
56 DRUGS CHARGED TO PATIENTS		1022561	72855423	218254			.014035	3063 56
57 RENAL DIALYSIS		37620	4082862	8505			.009214	78 57
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		185105	2939428				.062973	60.01
60.02 TREATMENT CENTERS		1244788	6449302				.193011	60.02
61 EMERGENCY		1491507	57295068	111574			.026032	2904 61
62 OBSERVATION BEDS (NON-DISTINC		127886	2917215				.043838	62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21145308	1148408566	800547				11669 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				170192			170192
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				170192			170192 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		117175230					37
40 ANESTHESIOLOGY		13819229					40
41 RADIOLOGY-DIAGNOSTIC		344200563			99269		41
43.01 ONCOLOGY		3537164					43.01
44 LABORATORY		175159795			295987		44
46 WHOLE BLOOD & PACKED RED BLOO		19988225			1125		46
49 RESPIRATORY THERAPY		10221598			484		49
50 PHYSICAL THERAPY		19151482			18559		50
53 ELECTROCARDIOLOGY		38501862			42408		53
53.01 CARDIAC CATH LAB		44572939					53.01
53.02 CARDIAC REHABILITATION		1772812					53.02
55 MEDICAL SUPPLIES CHARGED TO P		157226984			4382		55
55.30 IMPL. DEV. CHARGED TO PATIENT		56541385					55.30
56 DRUGS CHARGED TO PATIENTS		72855423			218254		56
57 RENAL DIALYSIS		4082862			8505		57
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2939428					60.01
60.02 TREATMENT CENTERS		6449302					60.02
61 EMERGENCY	170192	57295068	.002970	.002970	111574	331	61
62 OBSERVATION BEDS (NON-DISTINC		2917215					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	170192	1148408566			800547	331	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	85409	9081					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	85409	9081					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	85409	9081					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)	48119	1631					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	90092726	9566923					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	90092726	9566923					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69506854	3484950					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	69506854	3484950					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.296170	2.745211					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	813.81	383.76					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	90092726	9566923					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1054.84	1053.51				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	50757846	1718275				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	50757846	1718275				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	20421647	11036	1850.46	5685	10519865	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	73213008	204654				48
49 TOTAL PROGRAM INPATIENT COSTS	134490719	1922929				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4631384	139597				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4977405	12000				51
52 TOTAL PROGRAM EXCLUDABLE COST	9608789	151597				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	124881930	1771332				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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)
 (14-0252)(14-S252)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1602	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1054.84	84
85 OBSERVATION BED COST	1689854	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		90092726		1689854		86
87 NEW CAPITAL-RELATED COST	6818095	90092726	.075679	1689854	127886	87
88 NON PHYSICIAN ANESTHETIST		90092726		1689854		88
89 NURSING SCHOOL		90092726		1689854		89
89.01 ALLIED HEALTH		90092726		1689854		89.01
89.02 ALL OTHER		90092726		1689854		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		69506854		25
26 INTENSIVE CARE UNIT		14392520		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.295979	28677543	8487950	37
40 ANESTHESIOLOGY	.038736	4141503	160425	40
41 RADIOLOGY-DIAGNOSTIC	.116955	64834245	7582689	41
43.01 ONCOLOGY	.699882	2001	1400	43.01
44 LABORATORY	.115265	51785752	5969085	44
46 WHOLE BLOOD & PACKED RED BLOOD	.262719	8236375	2163852	46
49 RESPIRATORY THERAPY	.448385	5182047	2323552	49
50 PHYSICAL THERAPY	.570172	4034886	2300579	50
53 ELECTROCARDIOLOGY	.145547	11592857	1687306	53
53.01 CARDIAC CATH LAB	.095554	17912801	1711640	53.01
53.02 CARDIAC REHABILITATION	1.275572	217	277	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.255195	57266164	14614039	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.265865	28775202	7650319	55.30
56 DRUGS CHARGED TO PATIENTS	.400758	29613487	11867842	56
57 RENAL DIALYSIS	.334714	2487680	832661	57
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.819868			60.01
60.02 TREATMENT CENTERS	1.200324	20935	25129	60.02
61 EMERGENCY	.450176	12959961	5834263	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.579270			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		327523656	73213008	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		327523656		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-S252)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3484950		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.295979			37
40 ANESTHESIOLOGY	.038736			40
41 RADIOLOGY-DIAGNOSTIC	.116955	99269	11610	41
43.01 ONCOLOGY	.699882			43.01
44 LABORATORY	.115265	295987	34117	44
46 WHOLE BLOOD & PACKED RED BLOOD	.262719	1125	296	46
49 RESPIRATORY THERAPY	.448385	484	217	49
50 PHYSICAL THERAPY	.570172	18559	10582	50
53 ELECTROCARDIOLOGY	.145547	42408	6172	53
53.01 CARDIAC CATH LAB	.095554			53.01
53.02 CARDIAC REHABILITATION	1.275572			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.255195	4382	1118	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.265865			55.30
56 DRUGS CHARGED TO PATIENTS	.400758	218254	87467	56
57 RENAL DIALYSIS	.334714	8505	2847	57
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.819868			60.01
60.02 TREATMENT CENTERS	1.200324			60.02
61 EMERGENCY	.450176	111574	50228	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.579270			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		800547	204654	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		800547		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0252)	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	23460583					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	70381747					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	943141					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2829421					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	1940638					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	394.61					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	95782968					6
7						7
7.01						7.01
8	95782968					8
9	8056057					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15	38491					15
16	103877516					16
17	56615					17
18	103820901					18
19	9121976					19
20	272089					20
21	718403					21
21.01	502882					21.01
21.02	528526					21.02
22	94929718					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	94929718					26
27						27
28	95033038					28
28.01						28.01
29	-103320					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252) 1	HOSPITAL (14-0252) 1.01	HOSPITAL (14-0252) 1.02	
1 MEDICAL AND OTHER SERVICES	14254			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	33075654			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	28348083			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	20172			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	14254			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	77643			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	77643			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	77643			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	63389			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	14254			17
17.01 TOTAL PPS PAYMENTS	28368255			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252)	HOSPITAL (14-0252)	HOSPITAL (14-0252)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	399		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6927820		18.01
19 SUBTOTAL	21454290		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	21454290		23
24 PRIMARY PAYER PAYMENTS	4078		24
25 SUBTOTAL	21450212		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	509988		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	356992		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	423874		27.02
28 SUBTOTAL	21807204		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	21807204		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	21905477		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-98273		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-S252)	SUB I (14-S252)	SUB I (14-S252)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1185520		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1185520		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S252)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1274962				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	31511				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.879452				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1306473				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1306473				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1306473				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1306473				6
7	DEDUCTIBLES	111464				7
8	SUBTOTAL	1195009				8
9	COINSURANCE	9489				9
10	SUBTOTAL	1185520				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	42119				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	29483				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	33915				11.02
12	SUBTOTAL	1215003				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S252)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		331			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	1215334				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1185520				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	29814				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15948162			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	69658461			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18845882			6
7	INVENTORY	4483867			7
8	PREPAID EXPENSES	8003472			8
9	OTHER CURRENT ASSETS	3453758			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	82701838			11
FIXED ASSETS					
12	LAND	1789072			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	13899027			13
13.01	ACCUMULATED DEPRECIATION	-7817574			13.01
14	BUILDINGS	294267378			14
14.01	ACCUMULATED DEPRECIATION	-86086671			14.01
15	LEASEHOLD IMPROVEMENTS	1261508			15
15.01	ACCUMULATED AMORTIZATION	-64897			15.01
16	FIXED EQUIPMENT	205741290			16
16.01	ACCUMULATED DEPRECIATION	-79591013			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	97733375			18
18.01	ACCUMULATED DEPRECIATION	-43137804			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	397993691			21
OTHER ASSETS					
22	INVESTMENTS	104611294			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	22486028			25
26	TOTAL OTHER ASSETS	127097322			26
27	TOTAL ASSETS	607792851			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	39196109			28
29	SALARIES, WAGES & FEES PAYABLE	5753644			29
30	PAYROLL TAXES PAYABLE	406461			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	5475000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	43332767			35
36	TOTAL CURRENT LIABILITIES	94163981			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	342725082			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				41
42	TOTAL LONG TERM LIABILITIES	342725082			42
43	TOTAL LIABILITIES	436889063			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	170903788			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	170903788			51
52	TOTAL LIABILITIES AND FUND BALANCES	607792851			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1 FUND BALANCES AT BEGINNING OF PERIOD	138753159				1
2 NET INCOME (LOSS)	-9203748				2
3 TOTAL	129549411				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 TRANSFERS FROM AFFILIATES	55466356				5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS	55466356				10
11 SUBTOTAL	185015767				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 PENSION	10859112				13
14 NET ASSETS RELEASED	3200664				14
15 OTHER	52203				15
16					16
17					17
18 TOTAL DEDUCTIONS	14111979				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	170903788				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	196028802		196028802	2
4 SUBPROVIDER I	19430296		19430296	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	215459098		215459098	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	215459098		215459098	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	530875995	499625716	1030501711	18
18.50 ANCILLARY SERVICES	31204641	54483313	85687954	18.50
18.60 RHC				18.60
19 FQHC		8829942	8829942	19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
24.01 GI PARSONS		541722	541722	24.01
24.03 MOBILE DENTAL CLINIC		3353911	3353911	24.03
25 RESIDENTIAL TREATMENT	777539734	566834604	1344374338	25
TOTAL PATIENT REVENUES				

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		416207965	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	28239813		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		28239813	33
34 DEDUCT (SPECIFY)			34
35 OTHER	-21511		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-21511		39
40 TOTAL OPERATING EXPENSES		444426267	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1344374338	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	920407916	2
3	NET PATIENT REVENUES	423966422	3
4	LESS - TOTAL OPERATING EXPENSES	444426267	4
5	NET INCOME FROM SERVICE TO PATIENTS	-20459845	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	656324	6
7	INCOME FROM INVESTMENTS	3795900	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	354855	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	70980	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	1599472	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	28800	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	465168	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	429282	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2352664	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET OTHER INCOME	1502652	24
25	TOTAL OTHER INCOME	11256097	25
26	TOTAL	-9203748	26
27	NET NON OPERATING AND UNREAL LOSSES		27
27.01	ROUNDING		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-9203748	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	1542469	112640			225658	1880767
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1912230	139641	71061			2122932
7 PHYSICAL THERAPY	1588938	116033	51395			1756366
8 OCCUPATIONAL THERAPY	180254	13163	5999			199416
9 SPEECH PATHOLOGY	42717	3119	1015			46851
10 MEDICAL SOCIAL SERVICES	33834	2471	2373			38678
11 HOME HEALTH AIDE	82892	6053	7322			96267
12 SUPPLIES					116245	116245
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS	314284	22951				337235
23.50 TELEMEDICINE						23.50
24 TOTAL	5697618	416071	139165		341903	6594757

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	3122	1883889	-40	1883849	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		2122932		2122932	6
7 PHYSICAL THERAPY		1756366		1756366	7
8 OCCUPATIONAL THERAPY		199416		199416	8
9 SPEECH PATHOLOGY		46851		46851	9
10 MEDICAL SOCIAL SERVICES		38678		38678	10
11 HOME HEALTH AIDE		96267		96267	11
12 SUPPLIES		116245		116245	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS		337235		337235	23
23.50 TELEMEDICINE					23.50
24 TOTAL	3122	6597879	-40	6597839	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	1883849					1883849	1883849	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2122932					2122932	848387	2971319 6
7 PHYSICAL THERAPY	1756366					1756366	701895	2458261 7
8 OCCUPATIONAL THERAPY	199416					199416	79692	279108 8
9 SPEECH PATHOLOGY	46851					46851	18723	65574 9
10 MEDICAL SOCIAL SERVICES	38678					38678	15457	54135 10
11 HOME HEALTH AIDE	96267					96267	38471	134738 11
12 SUPPLIES	116245					116245	46455	162700 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS	337235					337235	134769	472004 23
23.50 TELEMEDICINE								23.50
24 TOTAL	6597839					6597839		6597839 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1883849	4713990	5
6 SKILLED NURSING CARE						2122932	6
7 PHYSICAL THERAPY						1756366	7
8 OCCUPATIONAL THERAPY						199416	8
9 SPEECH PATHOLOGY						46851	9
10 MEDICAL SOCIAL SERVICES						38678	10
11 HOME HEALTH AIDE						96267	11
12 SUPPLIES						116245	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						337235	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1883849	4713990	24
25 COST TO BE ALLOC (PER W/S H)						1883849	25
26 UNIT COST MULTIPLIER						.399629	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		TOTAL HHA COSTS	
			HHA A & G			
	26	27	28		29	
1 ADMINISTRATIVE AND GENERAL		1433244				1
2 SKILLED NURSING CARE		4431870	646416		5078286	2
3 PHYSICAL THERAPY		3668785	535118		4203903	3
4 OCCUPATIONAL THERAPY		416502	60750		477252	4
5 SPEECH PATHOLOGY		97969	14289		112258	5
6 MEDICAL SOCIAL SERVICES		80430	11731		92161	6
7 HOME HEALTH AIDE		199768	29138		228906	7
8 SUPPLIES		322496	47038		369534	8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS		608570	88764		697334	19
19.50 TELEMEDICINE						19.50
20 TOTALS		11259634	1433244		11259634	20
21 UNIT COST MULTIPLIER			.145857			21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	GEN OH COST	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	DIETARY MEALS SERVED
	3	4	5	5.01	6A	6	8	11
1 ADMINISTRATIVE AND GENERAL	5176	45490	1545377			526820	5176	1
2 SKILLED NURSING CARE			1912230			3437339		2
3 PHYSICAL THERAPY			1588938			2845493		3
4 OCCUPATIONAL THERAPY			180254			323037		4
5 SPEECH PATHOLOGY			42717			75984		5
6 MEDICAL SOCIAL SERVICES			33834			62381		6
7 HOME HEALTH AIDE			82892			154939		7
8 SUPPLIES			314284			239293		8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS						472004		19
19.50 TELEMEDICINE								19.50
20 TOTALS	5176	45490	5700526			8137290	5176	20
21 TOTAL COST TO BE ALLOCATED	104917	45287	1389247			2354378	335845	21
22 UNIT COST MULTIPLIER	20.269900		.243705				64.885046	22
22 UNIT COST MULTIPLIER		.995537				.289332		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	CAFETERIA MEALS SERVED 12	NURSING ADMINIS- TRATION (NSG VP FTES) 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY GROSS REVENUE 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	PARAMED EDUCATION EMS ASSIGNED TIME 24	
1 ADMINISTRATIVE AND GENERAL		7311		7885			1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES			116246				8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		7311	116246	7885			20
21 TOTAL COST TO BE ALLOCATED		413378	13968	4775			21
22 UNIT COST MULTIPLIER			.120159				22
22 UNIT COST MULTIPLIER		56.541923		.605580			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	5078286		5078286	22126	229.52	1
2	PHYSICAL THERAPY	3	4203903		4203903	16003	262.69	2
3	OCCUPATIONAL THERAPY	4	477252		477252	1868	255.49	3
4	SPEECH PATHOLOGY	5	112258		112258	316	355.25	4
5	MEDICAL SOCIAL SERV	6	92161		92161	739	124.71	5
6	HOME HEALTH AIDE SERV	7	228906		228906	2280	100.40	6
7	TOTAL		10192766		10192766	43332		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	369534		369534	168232	2.196574	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.570034			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.255195			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.265865			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.400758			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY 2	262.69	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	255.49						2
3	SPEECH PATHOLOGY 4	355.25						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7094

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	4637546	1984315		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	4637546	1984315		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	4637546	1984315		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS	1557			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	4253807	1800469	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	47274	31531	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	26514	30196	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	201	374	10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	4326239	1862570	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	4326239	1862570	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	4326239	1862570	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	4326239	1862570	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	4326239	1862570	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	4326239	1862570	24
25 TOTAL INTERIM PAYMENTS	4326239	1862570	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7094

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4326239		1862570
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE	NONE	3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER			3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				3.04
				3.05
				3.50
	PROVIDER			3.51
	TO	NONE	NONE	3.52
	PROGRAM			3.53
				3.54
SUBTOTAL				3.99
4 TOTAL INTERIM PAYMENTS		4326239		1862570
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM			5.01
	TO			5.02
	PROVIDER			5.03
	PROVIDER			5.50
	TO			5.51
	PROGRAM			5.52
SUBTOTAL				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO			6.01
	PROVIDER	.01		6.02
	PROVIDER TO	.02		
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0252) (14-0252)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	7718040				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	8056057				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 GENERAL OVERHEAD					5.01
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
24 PARAMED ED PRGM- EMS					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGRA					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.01 ADULT DAY CARE					96.01
96.02 OTHER NRCC					96.02
96.03 FOUNDATION					96.03
96.04 CHCC					96.04
96.05 CORPORATE HEALTH					96.05
96.06 MARKETING					96.06
96.07 EMS CONTINUING EDUCATION					96.07
97.01 RESIDENTIAL TREATMENT CENTER					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
98.05 SCHAUMBURG MEDICAL CENTER					98.05
99.01 GASTRO PARSONS					99.01
99.50 OTHER CORP					99.50
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	56.34		8.02				64.36 25
26 INTENSIVE CARE UNIT	51.51		6.03				57.54 26
33 NURSERY			30.98				30.98 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.47	17.76					42.23 37
40 ANESTHESIOLOGY	29.97	11.42					41.39 40
41 RADIOLOGY-DIAGNOSTIC	18.84	25.30					44.14 41
43.01 ONCOLOGY	0.06	37.97					38.03 43.01
44 LABORATORY	29.56	2.90					32.46 44
46 WHOLE BLOOD & PACKED RED BLOOD	41.21	5.79					47.00 46
49 RESPIRATORY THERAPY	50.70	6.39					57.09 49
50 PHYSICAL THERAPY	21.07	0.72					21.79 50
53 ELECTROCARDIOLOGY	30.11	16.80					46.91 53
53.01 CARDIAC CATH LAB	40.19	14.45					54.64 53.01
53.02 CARDIAC REHABILITATION	0.01	48.25					48.26 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	36.42	9.20					45.62 55
55.30 IMPL. DEV. CHARGED TO PATIENT	50.89	12.16					63.05 55.30
56 DRUGS CHARGED TO PATIENTS	40.65	8.03					48.68 56
57 RENAL DIALYSIS	60.93	1.37					62.30 57
60.01 PARTIAL HOSPITALIZATION PROGRAM		1.41					1.41 60.01
60.02 TREATMENT CENTERS	0.32	6.74					7.06 60.02
61 EMERGENCY	22.62	11.85					34.47 61
62 OBSERVATION BEDS (NON-DISTINCT		22.20					22.20 62
101 TOTAL CHARGES	24.48	12.47					36.95 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	17.96		15.33				33.29 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
44 LABORATORY	0.17						0.17 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.01						0.01 46
50 PHYSICAL THERAPY	0.10						0.10 50
53 ELECTROCARDIOLOGY	0.11						0.11 53
56 DRUGS CHARGED TO PATIENTS	0.30						0.30 56
57 RENAL DIALYSIS	0.21						0.21 57
61 EMERGENCY	0.19						0.19 61
101 TOTAL CHARGES	0.06						0.06 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	13922547	3.43	-13922547	-7.53		3
4	NEW CAP REL COSTS-MVBLE EQUIP	14234884	3.51	-14234884	-7.70		4
5	EMPLOYEE BENEFITS	42115758	10.37	-42115758	-22.79		5
5.01	GENERAL OVERHEAD						5.01
6	ADMINISTRATIVE & GENERAL	76317106	18.79	-76317106	-41.30		6
8	OPERATION OF PLANT	17138960	4.22	-17138960	-9.28		8
11	DIETARY	3643049	.90	-3643049	-1.97		11
12	CAFETERIA	101763	.03	-101763	-.06		12
14	NURSING ADMINISTRATION	4934637	1.22	-4934637	-2.67		14
15	CENTRAL SERVICES & SUPPLY	2250316	.55	-2250316	-1.22		15
16	PHARMACY	5848440	1.44	-5848440	-3.17		16
17	MEDICAL RECORDS & LIBRARY	4223978	1.04	-4223978	-2.29		17
24	PARAMED ED PRGM- EMS	42202	.01	-42202	-.02		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	43653878	10.75	46437639	25.13	90091517	22.18
26	INTENSIVE CARE UNIT	10260692	2.53	10151946	5.49	20412638	5.03
31	SUBPROVIDER I	4381777	1.08	5185146	2.81	9566923	2.36
33	NURSERY	2393442	.59	1999696	1.08	4393138	1.08
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15837297	3.90	18844132	10.20	34681429	8.54
40	ANESTHESIOLOGY	145458	.04	389841	.21	535299	.13
41	RADIOLOGY-DIAGNOSTIC	21324545	5.25	18918145	10.24	40242690	9.91
43.01	ONCOLOGY	550358	.14	1925238	1.04	2475596	.61
44	LABORATORY	11926388	2.94	8174899	4.42	20101287	4.95
46	WHOLE BLOOD & PACKED RED BLOOD	3766756	.93	1484531	.80	5251287	1.29
49	RESPIRATORY THERAPY	2670984	.66	1912223	1.03	4583207	1.13
50	PHYSICAL THERAPY	6316519	1.56	4600480	2.49	10916999	2.69
53	ELECTROCARDIOLOGY	2913842	.72	2683395	1.45	5597237	1.38
53.01	CARDIAC CATH LAB	2449148	.60	1794325	.97	4243473	1.04
53.02	CARDIAC REHABILITATION	918548	.23	1339395	.72	2257943	.56
55	MEDICAL SUPPLIES CHARGED TO PAT	27914918	6.87	12208559	6.61	40123477	9.88
55.30	IMPL. DEV. CHARGED TO PATIENT	10467721	2.58	4564678	2.47	15032399	3.70
56	DRUGS CHARGED TO PATIENTS	15218837	3.75	13978523	7.57	29197360	7.19
57	RENAL DIALYSIS	1039511	.26	327081	.18	1366592	.34
60.01	PARTIAL HOSPITALIZATION PROGRAM	1242780	.31	1167163	.63	2409943	.59
60.02	TREATMENT CENTERS	2922975	.72	4818279	2.61	7741254	1.91
61	EMERGENCY	14199388	3.50	11455840	6.20	25655228	6.32
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	6597839	1.62	4661795	2.52	11259634	2.77
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	186846	.05	606110	.33	792956	.20

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
96.01 ADULT DAY CARE			3048		3048		96.01
96.02 OTHER NRCC	266064	.07	108645	.06	374709	.09	96.02
96.03 FOUNDATION			83942	.05	83942	.02	96.03
96.04 CHCC	6591136	1.62	1907027	1.03	8498163	2.09	96.04
96.05 CORPORATE HEALTH	376624	.09	518884	.28	895508	.22	96.05
96.06 MARKETING	1666259	.41	799143	.43	2465402	.61	96.06
96.07 EMS CONTINUING EDUCATION	453111	.11	307403	.17	760514	.19	96.07
97.01 RESIDENTIAL TREATMENT CENTER	742685	.18	596564	.32	1339249	.33	97.01
98 PHYSICIANS' PRIVATE OFFICES	990358	.24	289708	.16	1280066	.32	98
98.05 SCHAUMBURG MEDICAL CENTER			43326	.02	43326	.01	98.05
99.01 GASTRO PARSONS	111317	.03	32208	.02	143525	.04	99.01
99.50 OTHER CORP	849473	.21	454683	.25	1304156	.32	99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	406121114	100.00	0	.00	406121114	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4690034	117175230	.040026	28677543	1147847	37
40 ANESTHESIOLOGY	161785	13819229	.011707	4141503	48485	40
41 RADIOLOGY-DIAGNOSTIC	5911862	344200563	.017176	64834245	1113593	41
43.01 ONCOLOGY	502430	3537164	.142043	2001	284	43.01
44 LABORATORY	1451046	175159795	.008284	51785752	428993	44
46 WHOLE BLOOD & PACKED RED BLOOD	167336	19988225	.008372	8236375	68955	46
49 RESPIRATORY THERAPY	317207	10221598	.031033	5182047	160814	49
50 PHYSICAL THERAPY	976674	19151482	.050997	4034886	205767	50
53 ELECTROCARDIOLOGY	415890	38501862	.010802	11592857	125226	53
53.01 CARDIAC CATH LAB	211567	44572939	.004747	17912801	85032	53.01
53.02 CARDIAC REHABILITATION	312763	1772812	.176422	217	38	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1394858	157226984	.008872	57266164	508065	55
55.30 IMPL. DEV. CHARGED TO PATIENT	522389	56541385	.009239	28775202	265854	55.30
56 DRUGS CHARGED TO PATIENTS	1022561	72855423	.014035	29613487	415625	56
57 RENAL DIALYSIS	37620	4082862	.009214	2487680	22921	57
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	185105	2939428	.062973			60.01
60.02 TREATMENT CENTERS	1244788	6449302	.193011	20935	4041	60.02
61 EMERGENCY	1491507	57295068	.026032	12959961	337374	61
62 OBSERVATION BEDS (NON-DISTINCT	127886	2917215	.043838			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	21145308	1148408566		327523656	4938914	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	6818095		6818095	85409	79.83	48119	3841340 25
26	INTENSIVE CARE UNIT	1533637		1533637	11036	138.97	5685	790044 26
101	TOTAL	8351732		8351732			53804	4631384 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4631384	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							4938914	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							9570298	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							11972	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							53804	
PER DISCHARGE CAPITAL COSTS							799.39	
PER DIEM CAPITAL COSTS							177.87	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	124881930
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	411423030
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.304

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1922598
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4285497
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.449

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	9570298
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	32978255
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	166567153
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.198