

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05-25-2012 TIME: 15:04
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 PALOS COMMUNITY HOSPITAL (14-0062) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		54,447	81,693			1
2 SUBPROVIDER - IPF		52,216				2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY			-3,358			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		106,663	78,335			200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/25/2012 15:04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 12251 S. 80TH AVENUE
 2 CITY: PALOS HEIGHTS

STATE: IL

P.O.BOX:

ZIP CODE: 60463

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5	6	7	8
3	HOSPITAL	PALOS COMMUNITY HOSPITAL	14-0062	16974	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	PALOS COMMUNITY HOSPITAL PSYC	14-S062	16974	4	01/01/1984	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10/27/1987	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	PALOS COMMUNITY HOSPITAL HOSP	14-1591	16974		06/06/1997				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011				TO: 12/31/2011				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									N	N
											23

	IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
	1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,178					24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:		38

	V	XVIII	XIX
	1	2	3
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y
47	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N
49	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 XIX 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		15,000,000	15,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N		N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.			N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	N		2	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160
		N 161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	05/14/2012	Y	05/14/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	163,031,754	163,031,754	4,938,359.00	33.01	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A						4	
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01	
5	PHYSICIAN-PART B		3,971,167	3,971,167	41,092.57	96.64	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		17,082,356	17,082,356	542,207.00	31.51	10	
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		561,053	561,053	11,142.00	50.35	11	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A		513,571	513,571	5,409.10	94.95	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14	
15	HOME OFFICE: PHYSICIAN-PART A						15	
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		43,540,474	43,540,474			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		5,339,142	5,339,142			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A						22	
23	PHYSICIAN PART B		772,632	772,632			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,136,838	1,136,838	35,141.00	32.35	26	
27	ADMINISTRATIVE & GENERAL		23,844,178	23,844,178	666,833.00	35.76	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		381,552	381,552	1,808.90	210.93	28	
29	MAINTENANCE & REPAIRS		3,024,815	3,024,815	85,988.00	35.18	29	
30	OPERATION OF PLANT						30	
31	LAUNDRY & LINEN SERVICE		135,085	135,085	6,025.00	22.42	31	
32	HOUSEKEEPING		3,075,294	3,075,294	143,267.00	21.47	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		3,560,058	-1,376,012	2,184,046	96,782.00	22.57	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35	
36	CAFETERIA			1,376,012	1,376,012	61,017.00	22.55	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		2,487,318	2,487,318	58,384.00	42.60	38	
39	CENTRAL SERVICES AND SUPPLY		2,313,080	2,313,080	98,594.00	23.46	39	
40	PHARMACY		4,661,571	4,661,571	111,162.00	41.93	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,688,422	2,688,422	106,935.00	25.14	41	
42	SOCIAL SERVICE		880,714	880,714	27,121.00	32.47	42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	159,442,139		159,442,139	4,899,075.3	32.55	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	17,082,356		17,082,356	542,207.00	31.51	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	142,359,783		142,359,783	4,356,868.3	32.67	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,074,624		1,074,624	16,551.10	64.93	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	43,540,474		43,540,474		30.58%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	186,974,881		186,974,881	4,373,419.4	42.75	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	48,188,925		48,188,925	1,499,057.9	32.15	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	9,665,360	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	46,580	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	23,123,237	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,194,359	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	377,539	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	712,726	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,778,628	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	11,612,680	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	43,555	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	97,583	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	49,652,247	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/25/2012 15:04

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	976,893	1
2	HOSPITAL	561,053	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA	415,160	11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE	680	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		13,617		539	14,156	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		2,875.00	40.00	668.00	3,583.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3		
	STAFF 1	CONTRACT 2				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				0.80	3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			0.80	0.80	4	
5 OTHER ADMINISTRATIVE PERSONNEL			36.81	36.81	5	
6 DIRECT NURSING SERVICE			52.86	52.86	6	
7 NURSING SUPERVISOR			2.33	2.33	7	
8 PHYSICAL THERAPY SERVICE			13.24	2.63	15.87	8
9 PHYSICAL THERAPY SUPERVISOR			1.30	1.30	9	
10 OCCUPATIONAL THERAPY SERVICE			2.94	0.11	3.05	10
11 OCCUPATIONAL THERAPY SUPERVISOR			0.30	0.30	11	
12 SPEECH PATHOLOGY SERVICE			0.90	0.90	12	
13 SPEECH PATHOLOGY SUPERVISOR			0.30	0.30	13	
14 MEDICAL SOCIAL SERVICE			1.10	1.10	14	
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15	
16 HOME HEALTH AIDE			15.46	15.46	16	
17 HOME HEALTH AIDE SUPERVISOR					17	
18 REGISTERED DIETICIAN			1.10	1.10	18	

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	39,131	3,133	881	516	43,661	21
22 SKILLED NURSING VISIT CHARGES	6,982,692	578,023	157,090	91,984	7,809,789	22
23 PHYSICAL THERAPY VISITS	17,942	322	141	279	18,684	23
24 PHYSICAL THERAPY VISIT CHARGES	3,498,690	62,790	27,495	54,405	3,643,380	24
25 OCCUPATIONAL THERAPY VISITS	3,420	79	8	47	3,554	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	666,900	15,405	1,560	9,165	693,030	26
27 SPEECH PATHOLOGY VISITS	953	67	3	13	1,036	27
28 SPEECH PATHOLOGY VISIT CHARGES	185,835	13,065	585	2,535	202,020	28
29 MEDICAL SOCIAL SERVICE VISITS	526	35	9	11	581	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	149,910	9,975	2,565	3,135	165,585	30
31 HOME HEALTH AIDE VISITS	12,519	996	9	93	13,617	31
32 HOME HEALTH AIDE VISIT CHARGES	1,339,533	106,572	963	9,951	1,457,019	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	74,491	4,632	1,051	959	81,133	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	12,823,560	785,830	190,258	171,175	13,970,823	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	3,668		390	73	4,131	36
37 TOTAL NUMBER OF OUTLIER EPISODES		95		1	96	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	871,794	143,726	3,874	1,254	1,020,648	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1591

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----							
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	33,286	168	7,145	12	995	34,449 2
3	INPATIENT RESPITE CARE	116		8		5	121 3
4	GENERAL INPATIENT CARE	695				58	753 4
5	TOTAL HOSPICE DAYS	34,097	168	7,153	12	1,058	35,323 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	780	5			48	833 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	43.71	33.60			22.04	42.40 8
9	UNDUPLICATED CENSUS COUNT	780	5			48	833 9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.252197	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				4,458,213	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				54,786,226	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				13,816,922	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				9,358,709	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				9,358,709	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	18,124,276	2,003,109	20,127,385		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,570,888	505,178	5,076,066		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	83,080	98,125	181,205		22
23	COST OF CHARITY CARE	4,487,808	407,053	4,894,861		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			12,793,320		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			763,796		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,029,524		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,033,810		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,928,671		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			17,287,380		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		4,502,360	4,502,360	6,441,739	1
2	00200		9,466,510	9,466,510		2
3	00300					3
4	00400	1,136,838	49,729,882	50,866,720		4
5.01	00540	476,370	332,194	808,564		5.01
5.02	00550	3,561,747	2,375,221	5,936,968		5.02
5.03	00560	566,684	34,862	601,546		5.03
5.04	00570	2,522,878	69,576	2,592,454		5.04
5.05	00580	2,488,884	1,426,385	3,915,269		5.05
5.06	00590	14,227,615	29,285,214	43,512,829	-347,503	5.06
6	00600	2,467,455	3,152,895	5,620,350		6
6.01	00601	557,360	95,246	652,606		6.01
7	00700					7
8	00800	135,085	1,298,282	1,433,367		8
9	00900	3,075,294	587,224	3,662,518		9
10	01000	3,560,058	1,651,121	5,211,179	-1,995,621	10
11	01100				2,014,193	11
12	01200					12
13	01300	2,487,318	67,439	2,554,757		13
14	01400	2,313,080	4,614,774	6,927,854	-3,600,804	14
15	01500	4,661,571	8,789,199	13,450,770	-8,792,693	15
16	01600	2,688,422	525,246	3,213,668		16
17	01700	880,714	51,652	932,366		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	40,465,810	1,707,520	42,173,330	310,534	30
31	03100	5,481,789	217,921	5,699,710		31
40	04000	4,755,988	108,634	4,864,622		40
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	8,873,788	8,332,005	17,205,793	75,908	50
51	05100	1,608,986	34,056	1,643,042		51
53	05300		620,360	620,360		53
54	05400	5,748,140	2,198,784	7,946,924	75,489	54
54.01	03630	1,269,489	149,073	1,418,562		54.01
57	05700	1,311,119	1,016,944	2,328,063		57
58	05800	383,931	238,594	622,525		58
59	05900	1,939,657	1,648,989	3,588,646	-538,258	59
60	06000	5,938,181	5,093,490	11,031,671	11,683	60
62.30	06250					62.30
63	06300	555,991	2,565,970	3,121,961		63
64	06400	1,534,138	190,257	1,724,395		64
65	06500	2,286,991	604,792	2,891,783		65
66	06600	4,362,952	663,186	5,026,138	68,068	66
68	06800	184,280	5,499	189,779		68
69	06900	1,710,574	132,679	1,843,253	75,908	69
70	07000	113,205	262,784	375,989		70
70.01	03290	169,723	14,616	184,339		70.01
70.02	03560	112,920	10,245	123,165		70.02
70.03	03030	291,383	542,912	834,295		70.03
71	07100				3,600,804	71
72	07200		11,621,041	11,621,041		72
73	07300				8,792,693	73
74	07400		461,877	461,877		74
76.97	07697	837,889	30,954	868,843	150,921	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	1,181,290	21,506	1,202,796	71,352	90.01
91	09100	7,082,604	481,198	7,563,802		91
91.01	04951	4,697,195	1,763,832	6,461,027	-678,040	91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	8,807,355	1,554,870	10,362,225	28,916	101
SPECIAL PURPOSE COST CENTERS						
113	11300		6,537,528	6,537,528	-6,537,528	113
116	11600	2,448,409	1,430,998	3,879,407	7,711	116
118		161,961,150	168,318,396	330,279,546	-764,528	118
NONREIMBURSABLE COST CENTERS						
190	19000	100,162	232,665	332,827		190
192	19200		71,117	71,117	746,391	192
194	07950	438	2,274	2,712		194

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
194.01 07951 PRIVATE DUTY NURSING	887,051	19,898	906,949	1,927	194.01
194.02 07952 PHYSICIAN REFERRAL CENTER	82,953	1,463	84,416	16,210	194.02
200 TOTAL (SUM OF LINES 118-199)	163,031,754	168,645,813	331,677,567		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	10,944,099	-6,590,138	4,353,961	1
2	00200	9,466,510	-52,087	9,414,423	2
3	00300				3
4	00400	50,866,720	-193,673	50,673,047	4
5.01	00540	808,564	-175,694	632,870	5.01
5.02	00550	5,936,968	-196,500	5,740,468	5.02
5.03	00560	601,546	-15,450	586,096	5.03
5.04	00570	2,592,454		2,592,454	5.04
5.05	00580	3,915,269	-313,800	3,601,469	5.05
5.06	00590	43,165,326	-26,389,653	16,775,673	5.06
6	00600	5,620,350	-25,654	5,594,696	6
6.01	00601	652,606		652,606	6.01
7	00700				7
8	00800	1,433,367		1,433,367	8
9	00900	3,662,518		3,662,518	9
10	01000	3,215,558	-116,069	3,099,489	10
11	01100	2,014,193	-1,030,550	983,643	11
12	01200				12
13	01300	2,554,757	-47,827	2,506,930	13
14	01400	3,327,050		3,327,050	14
15	01500	4,658,077		4,658,077	15
16	01600	3,213,668	-57,969	3,155,699	16
17	01700	932,366		932,366	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	42,483,864	-361,261	42,122,603	30
31	03100	5,699,710	-4,453	5,695,257	31
40	04000	4,864,622	-50,000	4,814,622	40
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	17,281,701	-1,177,504	16,104,197	50
51	05100	1,643,042		1,643,042	51
53	05300	620,360	-200,000	420,360	53
54	05400	8,022,413		8,022,413	54
54.01	03630	1,418,562		1,418,562	54.01
57	05700	2,328,063		2,328,063	57
58	05800	622,525		622,525	58
59	05900	3,050,388	-16,860	3,033,528	59
60	06000	11,043,354		11,043,354	60
62.30	06250				62.30
63	06300	3,121,961		3,121,961	63
64	06400	1,724,395		1,724,395	64
65	06500	2,891,783	-18,879	2,872,904	65
66	06600	5,094,206	-58,118	5,036,088	66
68	06800	189,779		189,779	68
69	06900	1,919,161		1,919,161	69
70	07000	375,989	-12,000	363,989	70
70.01	03290	184,339		184,339	70.01
70.02	03560	123,165	-6,000	117,165	70.02
70.03	03030	834,295		834,295	70.03
71	07100	3,600,804		3,600,804	71
72	07200	11,621,041		11,621,041	72
73	07300	8,792,693		8,792,693	73
74	07400	461,877		461,877	74
76.97	07697	1,019,764	-2,361	1,017,403	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04950	1,274,148	-2,169	1,271,979	90.01
91	09100	7,563,802		7,563,802	91
91.01	04951	5,782,987	-2,427,632	3,355,355	91.01
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
101	10100	10,391,141	-740	10,390,401	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
116	11600	3,887,118	-439	3,886,679	116
118		329,515,018	-39,543,480	289,971,538	118
NONREIMBURSABLE COST CENTERS					
190	19000	332,827		332,827	190
192	19200	817,508	-70,425	747,083	192
194	07950	2,712		2,712	194

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
194.01 07951 PRIVATE DUTY NURSING	908,876		908,876	194.01
194.02 07952 PHYSICIAN REFERRAL CENTER	100,626		100,626	194.02
200 TOTAL (SUM OF LINES 118-199)	331,677,567	-39,613,905	292,063,662	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 INTEREST	A	CAP REL COSTS-BLDG & FIXT	1		6,537,528	1
500 TOTAL RECLASSIFICATIONS					6,537,528	500
CODE LETTER - A						
1 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHRGD TO PA	71		3,600,804	1
500 TOTAL RECLASSIFICATIONS					3,600,804	500
CODE LETTER - B						
1 SHARED NFS COST	C	CAFETERIA	11	1,376,012	638,181	1
500 TOTAL RECLASSIFICATIONS				1,376,012	638,181	500
CODE LETTER - C						
1 PCC DEPRECIATION	D	LABORATORY	60		3,141	1
2		RADIOLOGY-DIAGNOSTIC	54		20,294	2
3		PHYSICAL THERAPY	66		18,299	3
4		CARDIAC REHABILITATION	76.97		20,166	4
5		PCC	91.01		86,518	5
6		PHYSICIANS' PRIVATE OFFICES	192		200,656	6
7		DIETARY	10		4,993	7
8		PHYSICIAN REFERRAL CENTER	194.02		4,358	8
9		OUTPATIENT PSYCHE SERVICES	90.01		19,182	9
500 TOTAL RECLASSIFICATIONS					377,607	500
CODE LETTER - D						
1 PCC OPERATING EXPENSES	E	LABORATORY	60		8,316	1
2		RADIOLOGY-DIAGNOSTIC	54		53,737	2
3		PHYSICAL THERAPY	66		48,454	3
4		CARDIAC REHABILITATION	76.97		53,398	4
5		PCC	91.01		229,092	5
6		PHYSICIANS' PRIVATE OFFICES	192		531,318	6
7		DIETARY	10		13,220	7
8		PHYSICIAN REFERRAL CENTER	194.02		11,539	8
9		OUTPATIENT PSYCHE SERVICES	90.01		50,792	9
500 TOTAL RECLASSIFICATIONS					999,866	500
CODE LETTER - E						
1 INSURANCE EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1		347,503	1
500 TOTAL RECLASSIFICATIONS					347,503	500
CODE LETTER - F						
1 PCC/LEMONT BUILDING INSURANCE	G	LABORATORY	60		226	1
2		RADIOLOGY-DIAGNOSTIC	54		1,458	2
3		PHYSICAL THERAPY	66		1,315	3
4		CARDIAC REHABILITATION	76.97		1,449	4
5		PCC	91.01		6,216	5
6		PHYSICIANS' PRIVATE OFFICES	192		14,417	6
7		DIETARY	10		359	7
8		PHYSICIAN REFERRAL CENTER	194.02		313	8
9		OUTPATIENT PSYCHE SERVICES	90.01		1,378	9
10		HOME HEALTH AGENCY	101		1,475	10
11		HOSPICE	116		393	11
12		PRIVATE DUTY NURSING	194.01		98	12
500 TOTAL RECLASSIFICATIONS					29,097	500
CODE LETTER - G						
1 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	73		8,792,693	1
500 TOTAL RECLASSIFICATIONS					8,792,693	500
CODE LETTER - H						
1 HHA DEPRECIATION	I	HOME HEALTH AGENCY	101		27,441	1
2		HOSPICE	116		7,318	2
3		PRIVATE DUTY NURSING	194.01		1,829	3
500 TOTAL RECLASSIFICATIONS					36,588	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 ALLOCATE CV ADMINISTRATION	J	ADULTS & PEDIATRICS	30	244,619	65,915	1
2		OPERATING ROOM	50	59,796	16,112	2
3		CARDIAC CATHETERIZATION	59	119,592	32,225	3
4		ELECTROCARDIOLOGY	69	59,796	16,112	4
5		CARDIAC REHABILITATION	76.97	59,796	16,112	5
500 TOTAL RECLASSIFICATIONS				543,599	146,476	500
CODE LETTER - J						
GRAND TOTAL (INCREASES)				1,919,611	21,506,343	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 INTEREST	A	INTEREST EXPENSE	113		6,537,528	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					6,537,528	500
1 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		3,600,804	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					3,600,804	500
1 SHARED NFS COST	C	DIETARY	10	1,376,012	638,181	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				1,376,012	638,181	500
1 PCC DEPRECIATION	D	CAP REL COSTS-BLDG & FIXT	1		377,607	9 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					377,607	500
1 PCC OPERATING EXPENSES	E	PCC	91.01		999,866	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					999,866	500
1 INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		347,503	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					347,503	500
1 PCC/LEMONT BUILDING INSURANCE	G	CAP REL COSTS-BLDG & FIXT	1		29,097	12 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					29,097	500
1 CHARGEABLE DRUGS	H	PHARMACY	15		8,792,693	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					8,792,693	500
1 HHA DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		36,588	9 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					36,588	500

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 ALLOCATE CV ADMINISTRATION	J	CARDIAC CATHETERIZATION	59	543,599	146,476	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				543,599	146,476	500
CODE LETTER - J						
GRAND TOTAL (DECREASES)				1,919,611	21,506,343	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	7,365,265					7,365,265		1
2 LAND IMPROVEMENTS	6,473,539	43,987		43,987		6,517,526	2,740,202	2
3 BUILDINGS AND FIXTURES	198,874,870	2,842,119		2,842,119		201,716,989	39,984,332	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	25,375,918	75,572,853		75,572,853		100,948,771		5
6 MOVABLE EQUIPMENT	140,191,978	13,337,047		13,337,047	3,217,138	150,311,887	80,102,095	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	378,281,570	91,796,006		91,796,006	3,217,138	466,860,438	122,826,629	8
9 RECONCILING ITEMS	25,375,918	75,572,853		75,572,853		100,948,771		9
10 TOTAL (LINE 7 MINUS LINE 9)	352,905,652	16,223,153		16,223,153	3,217,138	365,911,667	122,826,629	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,502,360						4,502,360
2 CAP REL COSTS-MVBLE EQUIP	9,466,510						9,466,510
3 TOTAL (SUM OF LINES 1-2)	13,968,870						13,968,870

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	214,586,271	1,013,509	213,572,762	0.458461				1
2 CAP REL COSTS-MVBLE EQUIP	252,274,167		252,274,167	0.541539				2
3 TOTAL (SUM OF LINES 1-2)	466,860,438	1,013,509	465,846,929	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,035,555			318,406			4,353,961
2 CAP REL COSTS-MVBLE EQUIP	9,414,423						9,414,423
3 TOTAL	13,449,978			318,406			13,768,384

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-175,694	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,895,156			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,030,550	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-57,969	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-21,368	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	2,393	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-22,379	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TV DEPRECIATION	A	-19,413	CAP REL COSTS-MVBLE EQUIP	2	9 33
34 INTEREST EXPENSE	A	-6,537,528	CAP REL COSTS-BLDG & FIXT	1	11 34
35 LIFELINE	B	-10,295	CAP REL COSTS-MVBLE EQUIP	2	9 35
36 LIFELINE	B	-51,102	ADMINISTRATIVE & GENERAL	5.06	36
37 MISCELLANEOUS INCOME	B	-672,753	ADMINISTRATIVE & GENERAL	5.06	37
38 MISCELLANEOUS INCOME	B	-47,827	NURSING ADMINISTRATION	13	38
39 DISCOUNTS	B	-45,230	ADMINISTRATIVE & GENERAL	5.06	39
40 SELF INSURANCE FUND INCOME	B	-827,076	ADMINISTRATIVE & GENERAL	5.06	40
41 VISITOR MEAL COST	A	-34,547	DIETARY	10	41
42 AMORT OF CAPITALIZED INTEREST	A	-20,418	CAP REL COSTS-BLDG & FIXT	1	9 42
43 1987 ASSET LIFE ADJUSTMENT	A	-33,771	CAP REL COSTS-BLDG & FIXT	1	9 43
44 PHYSICIANS OFFSET	A	-2,140,950	ADMINISTRATIVE & GENERAL	5.06	44
44.01 PHYSICIANS OFFSET - FICA	A	-153,623	EMPLOYEE BENEFITS	4	44.01
45 AHA/IHA LOBBYING EXPENSE	A	-36,945	ADMINISTRATIVE & GENERAL	5.06	45
45.01 NAHC LOBBYING EXPENSE	A	-740	HOME HEALTH AGENCY	101	45.01
45.02 NHPCO LOBBYING EXPENSE	A	-439	HOSPICE	116	45.02
46 CABLE TV	A	-1,716	ADMINISTRATIVE & GENERAL	5.06	46
46.01 CABLE TV	A	-961	CARDIAC REHABILITATION	76.97	46.01
47 CONVENT DEPRECIATION	A	-2,840	CAP REL COSTS-BLDG & FIXT	1	9 47
47.01 REAL ESTATE TAXES	A	-77,156	ADMINISTRATIVE & GENERAL	5.06	47.01
47.02 REAL ESTATE TAXES	A	-70,425	PHYSICIANS' PRIVATE OFFICES	192	47.02
47.03 REAL ESTATE TAXES	A	-404,606	PCC	91.01	47.03
47.04 FUNDRAISING DONATIONS	A	-25,000	ADMINISTRATIVE & GENERAL	5.06	47.04
47.05 ADVERTISING EXPENSE	A	-1,915,849	ADMINISTRATIVE & GENERAL	5.06	47.05
47.06 1990 ASSET LIFE CORRECTION	A	2,026	CAP REL COSTS-BLDG & FIXT	1	9 47.06
47.07 NON-ALLOWABLE EXPENSE - LIQUOR	A	-3,714	ADMINISTRATIVE & GENERAL	5.06	47.07
47.08 PHP TRANSPORTATION	A	-2,169	OUTPATIENT PSYCHE SERVICES	90.01	47.08
47.09 PHYSICIAN BILLING	A	-13,562	ADMINISTRATIVE & GENERAL	5.06	47.09
47.10 BAD DEBT EXPENSE	A	-12,929,026	ADMINISTRATIVE & GENERAL	5.06	47.10

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
47.11 HOME DELIVERED MEALS REVENUE	B	-60,154	DIETARY	10	47.11
47.12 BABY PHOTO REVENUE	B	-2,311	ADMINISTRATIVE & GENERAL	5.06	47.12
48 REIMB OF INTERCOMPANY EXPENSES	B	-40,050	EMPLOYEE BENEFITS	4	48
48.01 REIMB OF INTERCOMPANY EXPENSES	B	-196,500	DATA PROCESSING	5.02	48.01
48.02 REIMB OF INTERCOMPANY EXPENSES	B	-15,450	PURCHASING & STORES	5.03	48.02
48.03 REIMB OF INTERCOMPANY EXPENSES	B	-313,800	CASHIERING	5.05	48.03
48.04 REIMB OF INTERCOMPANY EXPENSES	B	-421,965	ADMINISTRATIVE & GENERAL	5.06	48.04
48.05 REIMB OF INTERCOMPANY EXPENSES	B	-25,654	MAINTENANCE & REPAIRS	6	48.05
48.06 REIMB OF INTERCOMPANY EXPENSES	B	-60,000	PCC	91.01	48.06
48.50 ADJUST TO NET PROVIDER TAX	A	-7,199,643	ADMINISTRATIVE & GENERAL	5.06	48.50
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-39,613,905			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6					
7					
8					
9					
10					

- (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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	40 SUBPROVIDER - IPF	PSYCHIATRY	50,000	50,000					1
2	31 INTENSIVE CARE UNIT	INTENSIVE CARE	31,800		31,800	177,200	321	27,347	1,367
3	30 ADULTS & PEDIATRICS	NEONATAL	243,750	243,750					3
4	50 OPERATING ROOM	OPERATING ROOM	365,000	365,000					4
5	53 ANESTHESIOLOGY	ANESTHESIOLOGY	200,000	200,000					5
6	60 LABORATORY	LABORATORY	73,000		73,000	215,700	3,072	318,572	15,929
7	65 RESPIRATORY THERAPY	RESPIRATORY THE	50,400		50,400	177,200	370	31,521	1,576
8	70.02 PULMONARY FUNCTION	PULMONARY FUNCT	6,000	6,000					8
9	70 ELECTROENCEPHALOGRAPHY	SLEEP LAB	12,000	12,000					9
10	66 PHYSICAL THERAPY	PHYSICAL THERAP	147,996		147,996	177,200	1,055	89,878	4,494
11	5.06 ADMINISTRATIVE & GENERAL	INFECTION CONTR	30,000		30,000	177,200	51	4,345	217
12	76.97 CARDIAC REHABILITATION	CARDIAC REHAB	1,400	1,400					12
13	50 OPERATING ROOM	CVOR	812,504	812,504					13
14	30 ADULTS & PEDIATRICS	CVU	35,750		35,750	177,200	120	10,223	511
15	59 CARDIAC CATHETERIZATION	CATH LAB	27,083		27,083	177,200	120	10,223	511
16	30 ADULTS & PEDIATRICS	CV ADMIN	117,542		117,542	177,200	300	25,558	1,278
17	91.01 PCC	PCC	1,963,026	1,963,026					17
200	TOTAL		4,167,251	3,653,680	513,571		5,409	517,667	25,883

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	40	SUBPROVIDER - IPF	PSYCHIATRY					50,000	1
2	31	INTENSIVE CARE UNIT	INTENSIVE CARE			27,347	4,453	4,453	2
3	30	ADULTS & PEDIATRICS	NEONATAL					243,750	3
4	50	OPERATING ROOM	OPERATING ROOM					365,000	4
5	53	ANESTHESIOLOGY	ANESTHESIOLOGY					200,000	5
6	60	LABORATORY	LABORATORY			318,572			6
7	65	RESPIRATORY THERAPY	RESPIRATORY THE			31,521	18,879	18,879	7
8	70.02	PULMONARY FUNCTION	PULMONARY FUNCT					6,000	8
9	70	ELECTROENCEPHALOGRAPHY	SLEEP LAB					12,000	9
10	66	PHYSICAL THERAPY	PHYSICAL THERAP			89,878	58,118	58,118	10
11	5.06	ADMINISTRATIVE & GENERAL	INFECTION CONTR			4,345	25,655	25,655	11
12	76.97	CARDIAC REHABILITATION	CARDIAC REHAB					1,400	12
13	50	OPERATING ROOM	CVOR					812,504	13
14	30	ADULTS & PEDIATRICS	CVU			10,223	25,527	25,527	14
15	59	CARDIAC CATHETERIZATION	CATH LAB			10,223	16,860	16,860	15
16	30	ADULTS & PEDIATRICS	CV ADMIN			25,558	91,984	91,984	16
17	91.01	PCC	PCC					1,963,026	17
200		TOTAL				517,667	241,476	3,895,156	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,353,961	4,353,961				1
2 CAP REL COSTS-MVBLE EQUIP	9,414,423		9,414,423			2
4 EMPLOYEE BENEFITS	50,673,047	23,841	5,789	50,702,677		4
5.01 COMMUNICATIONS	632,870	11,917	52,695	236,526	934,008	5.01
5.02 DATA PROCESSING	5,740,468	67,470	2,753,284	881,599	63,359	5.02
5.03 PURCHASING & STORES	586,096		1,136	193,522	9,255	5.03
5.04 ADMITTING	2,592,454	12,358	4,167	1,161,130	42,002	5.04
5.05 CASHIERING	3,601,469	77,380	21,708	1,010,613	39,866	5.05
5.06 ADMINISTRATIVE & GENERAL	16,775,673	606,621	915,935	3,397,380	111,765	5.06
6 MAINTENANCE & REPAIRS	5,594,696	816,362	651,269	752,584	32,035	6
6.01 CLINICAL ENGINEERING	652,606	9,677	229,049	150,517	2,136	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,433,367	45,931	1,474	64,507	2,136	8
9 HOUSEKEEPING	3,662,518	12,846	16,114	1,483,666	7,119	9
10 DIETARY	3,099,489	98,858	64,712	1,634,183	27,764	10
11 CAFETERIA	983,643	66,060				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,506,930	26,638	5,954	602,067	18,509	13
14 CENTRAL SERVICES & SUPPLY	3,327,050	160,246	359,901	1,010,613	15,662	14
15 PHARMACY	4,658,077	31,023	135,822	1,139,628	11,390	15
16 MEDICAL RECORDS & LIBRARY	3,155,699	48,085	7,987	1,096,623	27,764	16
17 SOCIAL SERVICE	932,366	12,257	422	279,531	9,967	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,122,603	922,443	148,154	12,363,885	111,768	30
31 INTENSIVE CARE UNIT	5,695,257	74,575	104,401	1,548,173	14,950	31
40 SUBPROVIDER - IPF	4,814,622	148,446	11,967	1,440,661	26,340	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,104,197	254,749	573,101	2,580,289	86,851	50
51 RECOVERY ROOM	1,643,042	28,598	39,901	451,551	7,119	51
53 ANESTHESIOLOGY	420,360	7,090	68,971		4,983	53
54 RADIOLOGY-DIAGNOSTIC	8,022,413	129,533	1,219,926	1,978,221	64,071	54
54.01 ULTRASOUND	1,418,562	12,149	127,859	322,536	1,424	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,328,063	15,783	451,589	365,541	4,271	57
58 MAGNETIC RESONANCE IMAGING (MRI)	622,525	13,435	327,469	107,512		58
59 CARDIAC CATHETERIZATION	3,033,528	94,837	233,855	516,058		59
60 LABORATORY	11,043,354	97,572	341,416	2,107,236	26,340	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,121,961	6,260	7,600	172,019	2,136	63
64 INTRAVENOUS THERAPY	1,724,395	5,710	5,008	387,043	2,848	64
65 RESPIRATORY THERAPY	2,872,904	12,250	53,027	731,082	8,543	65
66 PHYSICAL THERAPY	5,036,088	101,647	20,333	1,440,661	37,019	66
68 SPEECH PATHOLOGY	189,779		1,655	43,005		68
69 ELECTROCARDIOLOGY	1,919,161	32,929	132,908	645,072	18,509	69
70 ELECTROENCEPHALOGRAPHY	363,989	5,997	8,443	43,005	1,424	70
70.01 EMG	184,339	1,162	9,108	86,010	6,407	70.01
70.02 PULMONARY FUNCTION	117,165	1,100	6,834	43,005		70.02
70.03 ANGIOGRAPHY	834,295	9,507	92,368	64,507		70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,600,804					71
72 IMPL. DEV. CHARGED TO PATIENT	11,621,041					72
73 DRUGS CHARGED TO PATIENTS	8,792,693					73
74 RENAL DIALYSIS	461,877	6,346	2,108		1,424	74
76.97 CARDIAC REHABILITATION	1,017,403		19,076	258,029		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	1,271,979		3,066	365,541		90.01
91 EMERGENCY	7,563,802	95,162	41,358	2,150,241	49,833	91
91.01 PCC	3,355,355		54,197	1,225,637		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	10,390,401	3,494	80,132	2,773,811	2,848	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	3,886,679		277	795,589		116
118 SUBTOTALS (SUM OF LINES 1-117)	289,971,538	4,208,344	9,413,525	50,100,609	899,837	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	332,827	18,626		43,005		190
192 PHYSICIANS' PRIVATE OFFICES	747,083	126,991	174		34,171	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01
194 NEW DIRECTION	2,712		180		194
194.01 PRIVATE DUTY NURSING	908,876			516,058	194.01
194.02 PHYSICIAN REFERRAL CENTER	100,626		544	43,005	194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	292,063,662	4,353,961	9,414,423	50,702,677	934,008 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCH & STORES 5.03	ADMITTING 5.04	CASHIERING 5.05	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	9,506,180					5.02
5.03 PURCHASING & STORES	448,658	1,238,667				5.03
5.04 ADMITTING	92,032	7,377	3,911,520			5.04
5.05 CASHIERING	636,557	14,149		5,401,742		5.05
5.06 ADMINISTRATIVE & GENERAL	1,602,898	72,300			23,482,572	5.06
6 MAINTENANCE & REPAIRS		103,479			7,950,425	6
6.01 CLINICAL ENGINEERING	19,173	3,861			1,067,019	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE		19,336			1,566,751	8
9 HOUSEKEEPING		13,227			5,195,490	9
10 DIETARY	69,024	16,137			5,010,167	10
11 CAFETERIA					1,049,703	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	134,214	16,166			3,310,478	13
14 CENTRAL SERVICES & SUPPLY	387,303	129,788			5,390,563	14
15 PHARMACY	559,864	12,939			6,548,743	15
16 MEDICAL RECORDS & LIBRARY	678,739	11,527			5,026,424	16
17 SOCIAL SERVICE	26,843	2,305			1,263,691	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,990,201	36,251	725,697	1,002,027	59,423,029	30
31 INTENSIVE CARE UNIT		7,319	87,992	121,519	7,654,186	31
40 SUBPROVIDER - IPF	38,347	12,160	79,672	110,029	6,682,244	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	279,932	207,677	513,567	709,251	21,309,614	50
51 RECOVERY ROOM		4,322	39,533	54,596	2,268,662	51
53 ANESTHESIOLOGY		10,547	98,653	136,243	746,847	53
54 RADIOLOGY-DIAGNOSTIC	548,360	52,446	125,192	172,894	12,313,056	54
54.01 ULTRASOUND		3,977	49,420	68,250	2,004,177	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,882	216,743	299,328	3,684,200	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,104	43,517	60,098	1,176,660	58
59 CARDIAC CATHETERIZATION		110,799	120,449	166,343	4,275,869	59
60 LABORATORY	226,246	187,335	584,810	807,641	15,421,950	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		6,455	35,943	49,638	3,402,012	63
64 INTRAVENOUS THERAPY		634	6,985	9,647	2,142,270	64
65 RESPIRATORY THERAPY	230,081	7,348	209,666	289,556	4,414,457	65
66 PHYSICAL THERAPY	302,940	38,758	46,983	64,885	7,089,314	66
68 SPEECH PATHOLOGY		317	5,886	8,129	248,771	68
69 ELECTROCARDIOLOGY	329,783	5,965	130,477	180,192	3,394,996	69
70 ELECTROENCEPHALOGRAPHY		605	4,561	6,298	434,322	70
70.01 EMG		2,968	1,324	1,829	293,147	70.01
70.02 PULMONARY FUNCTION		317	1,606	2,217	172,244	70.02
70.03 ANGIOGRAPHY		24,840	25,947	35,833	1,087,297	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			150,233	207,476	3,958,513	71
72 IMPL. DEV. CHARGED TO PATIENT			114,251	157,784	11,893,076	72
73 DRUGS CHARGED TO PATIENTS			272,910	376,897	9,442,500	73
74 RENAL DIALYSIS		1,758	10,181	14,061	497,755	74
76.97 CARDIAC REHABILITATION		6,368	3,849	5,316	1,310,041	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		3,890	43	60	1,644,579	90.01
91 EMERGENCY	628,888	13,745	204,952	283,045	11,031,026	91
91.01 PCC	164,891	33,859	478	660	4,835,077	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	111,206	26,050			13,387,942	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		2,910			4,685,455	116
118 SUBTOTALS (SUM OF LINES 1-117)	9,506,180	1,237,197	3,911,520	5,401,742	289,187,314	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					394,458	190
192 PHYSICIANS' PRIVATE OFFICES		173			908,592	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL (COLS.0-4) 4A	
194 NEW DIRECTION	5.02	5.03	5.04	5.05	2,921	194
194.01 PRIVATE DUTY NURSING		29			1,425,597	194.01
194.02 PHYSICIAN REFERRAL CENTER		663			144,780	194.02
200 CROSS FOOT ADJUSTMENTS		605				200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,506,180	1,238,667	3,911,520	5,401,742	292,063,662	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL	23,482,572					5.06
6 MAINTENANCE & REPAIRS	695,122	8,645,547				6
6.01 CLINICAL ENGINEERING	93,292	30,557	1,190,868			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	136,984	145,031		1,848,766		8
9 HOUSEKEEPING	454,252	40,564	1,180	53,571	5,745,057	9
10 DIETARY	438,049	312,154		515	93,011	10
11 CAFETERIA	91,778	208,592				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	289,442	84,112	29,671		45,998	13
14 CENTRAL SERVICES & SUPPLY	471,308	505,993	131,663	1,249	133,260	14
15 PHARMACY	572,570	97,959		661	79,821	15
16 MEDICAL RECORDS & LIBRARY	439,470	151,832			53,777	16
17 SOCIAL SERVICE	110,487	38,704			11,838	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,195,460	2,912,698	192,353	944,224	2,447,382	30
31 INTENSIVE CARE UNIT	669,221	235,479	32,705	116,990	247,579	31
40 SUBPROVIDER - IPF	584,242	468,732	8,429	37,404	211,728	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,863,142	804,397	179,878	135,877	591,552	50
51 RECOVERY ROOM	198,354	90,302	12,812	117,725	69,674	51
53 ANESTHESIOLOGY	65,298	22,386	53,441		27,058	53
54 RADIOLOGY-DIAGNOSTIC	1,076,555	409,012	184,429	110,377	374,751	54
54.01 ULTRASOUND	175,229	38,362	23,433			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	322,117	49,836	2,529			57
58 MAGNETIC RESONANCE IMAGING (MRI)	102,878	42,423	5,226			58
59 CARDIAC CATHETERIZATION	373,848	299,456	35,234	23,222	93,688	59
60 LABORATORY	1,348,372	308,092	45,180		263,476	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	297,445	19,768	15,678			63
64 INTRAVENOUS THERAPY	187,303	18,031	506		10,485	64
65 RESPIRATORY THERAPY	385,965	38,680	68,613		32,131	65
66 PHYSICAL THERAPY	619,833	320,961	43,326	35,494	112,967	66
68 SPEECH PATHOLOGY	21,751					68
69 ELECTROCARDIOLOGY	296,831	103,978	37,763	33,583	49,042	69
70 ELECTROENCEPHALOGRAPHY	37,974	18,936	3,877	955	10,485	70
70.01 EMG	25,630	3,670	843			70.01
70.02 PULMONARY FUNCTION	15,060	3,474				70.02
70.03 ANGIOGRAPHY	95,065	30,019	8,598			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	346,101					71
72 IMPL. DEV. CHARGED TO PATIENT	1,039,835					72
73 DRUGS CHARGED TO PATIENTS	825,577					73
74 RENAL DIALYSIS	43,520	20,037	506			74
76.97 CARDIAC REHABILITATION	114,540		21,073			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	143,789		1,011			90.01
91 EMERGENCY	964,465	300,484	39,954	198,560	635,859	91
91.01 PCC	422,740		9,946	38,359		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,170,535	11,034	1,011			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	409,659					116
118 SUBTOTALS (SUM OF LINES 1-117)	23,231,088	8,185,745	1,190,868	1,848,766	5,595,562	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,488	58,815				190
192 PHYSICIANS' PRIVATE OFFICES	79,440	400,987			149,495	192

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PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194 NEW DIRECTION	255					194
194.01 PRIVATE DUTY NURSING	124,643					194.01
194.02 PHYSICIAN REFERRAL CENTER	12,658					194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,482,572	8,645,547	1,190,868	1,848,766	5,745,057	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	5,853,896					10
11 CAFETERIA		1,350,073				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		23,895	3,783,596			13
14 CENTRAL SERVICES & SUPPLY		40,110		6,674,146		14
15 PHARMACY		45,230		100,432	7,445,416	15
16 MEDICAL RECORDS & LIBRARY		43,523		8,659		16
17 SOCIAL SERVICE		11,094		153		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,840,899	490,700	2,145,530	531,067	18,308	30
31 INTENSIVE CARE UNIT	352,906	61,445	268,658	74,473	1,843	31
40 SUBPROVIDER - IPF	444,525	57,178	250,001	13,589	182	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		102,408	447,763	1,999,454	1,435	50
51 RECOVERY ROOM		17,921	78,358	12,417	51	51
53 ANESTHESIOLOGY				156,293		53
54 RADIOLOGY-DIAGNOSTIC		78,512		81,522	21,307	54
54.01 ULTRASOUND		12,801		9,875	93	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		14,508		217,740	2,511	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,267		94	323	58
59 CARDIAC CATHETERIZATION		20,482	89,553	327,040	16,780	59
60 LABORATORY		83,633		411,264	767	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		6,827		5,820		63
64 INTRAVENOUS THERAPY		15,361	67,164	114,913	1	64
65 RESPIRATORY THERAPY		29,015		74,715	98,872	65
66 PHYSICAL THERAPY		57,178		80,359		66
68 SPEECH PATHOLOGY		1,707				68
69 ELECTROCARDIOLOGY		25,602		40,103	724	69
70 ELECTROENCEPHALOGRAPHY		1,707		576		70
70.01 EMG		3,414		570	715	70.01
70.02 PULMONARY FUNCTION		1,707		652		70.02
70.03 ANGIOGRAPHY		2,560		34,933	919	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,039,244		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					6,849,648	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		10,241		659	32	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	57,338		63,433	419		90.01
91 EMERGENCY	158,228	85,340	373,136	113,067	13,447	91
91.01 PCC				55,351	30,686	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		1,707		165,758	3,114	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				2,909	383,658	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,853,896	1,350,073	3,783,596	6,674,120	7,445,416	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				21		190
192 PHYSICIANS' PRIVATE OFFICES						192

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PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194 NEW DIRECTION						194
194.01 PRIVATE DUTY NURSING				5		194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,853,896	1,350,073	3,783,596	6,674,146	7,445,416	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,723,685					16
17 SOCIAL SERVICE		1,435,967				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,157,097	1,250,307	83,549,054		83,549,054	30
31 INTENSIVE CARE UNIT	54,790	78,325	9,848,600		9,848,600	31
40 SUBPROVIDER - IPF	189,937		8,948,191		8,948,191	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	144,888		27,580,408		27,580,408	50
51 RECOVERY ROOM			2,866,276		2,866,276	51
53 ANESTHESIOLOGY			1,071,323		1,071,323	53
54 RADIOLOGY-DIAGNOSTIC	294,646		14,944,167		14,944,167	54
54.01 ULTRASOUND	84,011		2,347,981		2,347,981	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	71,835		4,365,276		4,365,276	57
58 MAGNETIC RESONANCE IMAGING (MRI)	18,263		1,350,134		1,350,134	58
59 CARDIAC CATHETERIZATION			5,555,172		5,555,172	59
60 LABORATORY	899,767		18,782,501		18,782,501	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			3,747,550		3,747,550	63
64 INTRAVENOUS THERAPY			2,556,034		2,556,034	64
65 RESPIRATORY THERAPY	7,305		5,149,753		5,149,753	65
66 PHYSICAL THERAPY	38,961		8,398,393		8,398,393	66
68 SPEECH PATHOLOGY			272,229		272,229	68
69 ELECTROCARDIOLOGY	47,484		4,030,106		4,030,106	69
70 ELECTROENCEPHALOGRAPHY	4,870		513,702		513,702	70
70.01 EMG			327,989		327,989	70.01
70.02 PULMONARY FUNCTION			193,137		193,137	70.02
70.03 ANGIOGRAPHY			1,259,391		1,259,391	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			6,343,858		6,343,858	71
72 IMPL. DEV. CHARGED TO PATIENT			12,932,911		12,932,911	72
73 DRUGS CHARGED TO PATIENTS			17,117,725		17,117,725	73
74 RENAL DIALYSIS			561,818		561,818	74
76.97 CARDIAC REHABILITATION	6,088		1,462,674		1,462,674	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	8,523		1,919,092		1,919,092	90.01
91 EMERGENCY	311,692	107,335	14,332,593		14,332,593	91
91.01 PCC	382,310		5,774,469		5,774,469	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			14,741,101		14,741,101	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			5,481,681		5,481,681	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,722,467	1,435,967	288,325,289		288,325,289	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			487,782		487,782	190
192 PHYSICIANS' PRIVATE OFFICES			1,538,514		1,538,514	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 NEW DIRECTION	1,218		4,394		4,394	194
194.01 PRIVATE DUTY NURSING			1,550,245		1,550,245	194.01
194.02 PHYSICIAN REFERRAL CENTER			157,438		157,438	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,723,685	1,435,967	292,063,662		292,063,662	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS		23,841	5,789	29,630	29,630	4
5.01	COMMUNICATIONS		11,917	52,695	64,612	138	5.01
5.02	DATA PROCESSING		67,470	2,753,284	2,820,754	515	5.02
5.03	PURCHASING & STORES	12,995		1,136	14,131	113	5.03
5.04	ADMITTING		12,358	4,167	16,525	679	5.04
5.05	CASHIERING		77,380	21,708	99,088	591	5.05
5.06	ADMINISTRATIVE & GENERAL	96,685	606,621	915,935	1,619,241	1,985	5.06
6	MAINTENANCE & REPAIRS	2,717	816,362	651,269	1,470,348	440	6
6.01	CLINICAL ENGINEERING		9,677	229,049	238,726	88	6.01
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE		45,931	1,474	47,405	38	8
9	HOUSEKEEPING		12,846	16,114	28,960	867	9
10	DIETARY	2,525	98,858	64,712	166,095	955	10
11	CAFETERIA	1,434	66,060		67,494		11
12	MAINTENANCE OF PERSONNEL			5,954	32,592	352	12
13	NURSING ADMINISTRATION		26,638				13
14	CENTRAL SERVICES & SUPPLY	21,116	160,246	359,901	541,263	591	14
15	PHARMACY		31,023	135,822	166,845	666	15
16	MEDICAL RECORDS & LIBRARY		48,085	7,987	56,072	641	16
17	SOCIAL SERVICE		12,257	422	12,679	163	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,580	922,443	148,154	1,081,177	7,223	30
31	INTENSIVE CARE UNIT		74,575	104,401	178,976	905	31
40	SUBPROVIDER - IPF	116	148,446	11,967	160,529	842	40
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		254,749	573,101	827,850	1,508	50
51	RECOVERY ROOM		28,598	39,901	68,499	264	51
53	ANESTHESIOLOGY		7,090	68,971	76,061		53
54	RADIOLOGY-DIAGNOSTIC	320,044	129,533	1,219,926	1,669,503	1,156	54
54.01	ULTRASOUND		12,149	127,859	140,008	188	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN		15,783	451,589	467,372	214	57
58	MAGNETIC RESONANCE IMAGING (MRI)		13,435	327,469	340,904	63	58
59	CARDIAC CATHETERIZATION		94,837	233,855	328,692	302	59
60	LABORATORY		97,572	341,416	438,988	1,231	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		6,260	7,600	13,860	101	63
64	INTRAVENOUS THERAPY		5,710	5,008	10,718	226	64
65	RESPIRATORY THERAPY	46,931	12,250	53,027	112,208	427	65
66	PHYSICAL THERAPY	27,600	101,647	20,333	149,580	842	66
68	SPEECH PATHOLOGY			1,655	1,655	25	68
69	ELECTROCARDIOLOGY		32,929	132,908	165,837	377	69
70	ELECTROENCEPHALOGRAPHY	13,200	5,997	8,443	27,640	25	70
70.01	EMG		1,162	9,108	10,270	50	70.01
70.02	PULMONARY FUNCTION		1,100	6,834	7,934	25	70.02
70.03	ANGIOGRAPHY		9,507	92,368	101,875	38	70.03
71	MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS		6,346	2,108	8,454		74
76.97	CARDIAC REHABILITATION			19,076	19,076	151	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES			3,066	3,066	214	90.01
91	EMERGENCY		95,162	41,358	136,520	1,257	91
91.01	PCC	59,389		54,197	113,586	716	91.01
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		3,494	80,132	83,626	1,621	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	373,694		277	373,971	465	116
118	SUBTOTALS (SUM OF LINES 1-117)	989,026	4,208,344	9,413,525	14,610,895	29,278	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,626		18,626	25	190
192	PHYSICIANS' PRIVATE OFFICES		126,991	174	127,165		192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
194 NEW DIRECTION			180	180		194
194.01 PRIVATE DUTY NURSING					302	194.01
194.02 PHYSICIAN REFERRAL CENTER			544	544	25	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	989,026	4,353,961	9,414,423	14,757,410	29,630	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI-	DATA	PURCH &	ADMITTING	CASHIERING	
	CATIONS	PROCESSING	STORES			
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	64,750					5.01
5.02 DATA PROCESSING	4,392	2,825,661				5.02
5.03 PURCHASING & STORES	642	133,361	148,247			5.03
5.04 ADMITTING	2,912	27,356	883	48,355		5.04
5.05 CASHIERING	2,764	189,213	1,693		293,349	5.05
5.06 ADMINISTRATIVE & GENERAL	7,747	476,453	8,653			5.06
6 MAINTENANCE & REPAIRS	2,221		12,385			6
6.01 CLINICAL ENGINEERING	148	5,699	462			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	148		2,314			8
9 HOUSEKEEPING	494		1,583			9
10 DIETARY	1,925	20,517	1,931			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,283	39,894	1,935			13
14 CENTRAL SERVICES & SUPPLY	1,086	115,124	15,533			14
15 PHARMACY	790	166,417	1,549			15
16 MEDICAL RECORDS & LIBRARY	1,925	201,752	1,380			16
17 SOCIAL SERVICE	691	7,979	276			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,748	591,577	4,339	9,013	54,662	30
31 INTENSIVE CARE UNIT	1,036		876	1,087	6,592	31
40 SUBPROVIDER - IPF	1,826	11,398	1,455	984	5,969	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,021	83,208	24,856	6,342	38,477	50
51 RECOVERY ROOM	494		517	488	2,962	51
53 ANESTHESIOLOGY	345		1,262	1,218	7,391	53
54 RADIOLOGY-DIAGNOSTIC	4,442	162,997	6,277	1,546	9,380	54
54.01 ULTRASOUND	99		476	610	3,703	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	296		345	2,677	16,239	57
58 MAGNETIC RESONANCE IMAGING (MRI)			252	537	3,260	58
59 CARDIAC CATHETERIZATION			13,261	1,488	9,024	59
60 LABORATORY	1,826	67,251	22,421	7,222	43,815	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	148		773	444	2,693	63
64 INTRAVENOUS THERAPY	197		76	86	523	64
65 RESPIRATORY THERAPY	592	68,390	879	2,589	15,709	65
66 PHYSICAL THERAPY	2,566	90,047	4,639	580	3,520	66
68 SPEECH PATHOLOGY			38	73	441	68
69 ELECTROCARDIOLOGY	1,283	98,026	714	1,611	9,776	69
70 ELECTROENCEPHALOGRAPHY	99		72	56	342	70
70.01 EMG	444		355	16	99	70.01
70.02 PULMONARY FUNCTION			38	20	120	70.02
70.03 ANGIOGRAPHY			2,973	320	1,944	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,855	11,256	71
72 IMPL. DEV. CHARGED TO PATIENT				1,411	8,560	72
73 DRUGS CHARGED TO PATIENTS				3,370	20,447	73
74 RENAL DIALYSIS	99		210	126	763	74
76.97 CARDIAC REHABILITATION			762	48	288	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES			466	1	3	90.01
91 EMERGENCY	3,455	186,934	1,645	2,531	15,355	91
91.01 PCC		49,013	4,052	6	36	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	197	33,055	3,118			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			348			116
118 SUBTOTALS (SUM OF LINES 1-117)	62,381	2,825,661	148,072	48,355	293,349	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	2,369		21			192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	COMMUNI- CATIONS	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING
	5.01	5.02	5.03	5.04	5.05
194 NEW DIRECTION			3		194
194.01 PRIVATE DUTY NURSING			79		194.01
194.02 PHYSICIAN REFERRAL CENTER			72		194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	64,750	2,825,661	148,247	48,355	293,349

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL	2,114,079					5.06
6 MAINTENANCE & REPAIRS	62,578	1,547,972				6
6.01 CLINICAL ENGINEERING	8,399	5,471	258,993			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	12,332	25,968		88,205		8
9 HOUSEKEEPING	40,894	7,263	257	2,556	82,874	9
10 DIETARY	39,435	55,891		25	1,342	10
11 CAFETERIA	8,262	37,348				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	26,057	15,060	6,453		664	13
14 CENTRAL SERVICES & SUPPLY	42,429	90,597	28,634	60	1,922	14
15 PHARMACY	51,545	17,539		32	1,151	15
16 MEDICAL RECORDS & LIBRARY	39,563	27,185			776	16
17 SOCIAL SERVICE	9,947	6,930			171	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	467,797	521,515	41,834	45,047	35,306	30
31 INTENSIVE CARE UNIT	60,246	42,162	7,113	5,582	3,571	31
40 SUBPROVIDER - IPF	52,596	83,926	1,833	1,785	3,054	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	167,728	144,026	39,120	6,483	8,533	50
51 RECOVERY ROOM	17,857	16,168	2,786	5,617	1,005	51
53 ANESTHESIOLOGY	5,878	4,008	11,622		390	53
54 RADIOLOGY-DIAGNOSTIC	96,916	73,233	40,110	5,266	5,406	54
54.01 ULTRASOUND	15,775	6,869	5,096			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	28,998	8,923	550			57
58 MAGNETIC RESONANCE IMAGING (MRI)	9,261	7,596	1,137			58
59 CARDIAC CATHETERIZATION	33,655	53,617	7,663	1,108	1,351	59
60 LABORATORY	121,386	55,163	9,826		3,801	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	26,777	3,539	3,410			63
64 INTRAVENOUS THERAPY	16,862	3,228	110		151	64
65 RESPIRATORY THERAPY	34,746	6,926	14,922		464	65
66 PHYSICAL THERAPY	55,800	57,468	9,423	1,693	1,630	66
68 SPEECH PATHOLOGY	1,958					68
69 ELECTROCARDIOLOGY	26,722	18,617	8,213	1,602	707	69
70 ELECTROENCEPHALOGRAPHY	3,419	3,390	843	46	151	70
70.01 EMG	2,307	657	183			70.01
70.02 PULMONARY FUNCTION	1,356	622				70.02
70.03 ANGIOGRAPHY	8,558	5,375	1,870			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	31,157					71
72 IMPL. DEV. CHARGED TO PATIENT	93,610					72
73 DRUGS CHARGED TO PATIENTS	74,322					73
74 RENAL DIALYSIS	3,918	3,588	110			74
76.97 CARDIAC REHABILITATION	10,311		4,583			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	12,944		220			90.01
91 EMERGENCY	86,825	53,801	8,689	9,473	9,172	91
91.01 PCC	38,057		2,163	1,830		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	105,376	1,976	220			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	36,879					116
118 SUBTOTALS (SUM OF LINES 1-117)	2,091,438	1,465,645	258,993	88,205	80,718	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,105	10,531				190
192 PHYSICIANS' PRIVATE OFFICES	7,152	71,796			2,156	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194 NEW DIRECTION						194
194.01 PRIVATE DUTY NURSING	11,221					194.01
194.02 PHYSICIAN REFERRAL CENTER	1,140					194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,114,079	1,547,972	258,993	88,205	82,874	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	288,116					10
11 CAFETERIA		113,104				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,002	126,292			13
14 CENTRAL SERVICES & SUPPLY		3,360		840,599		14
15 PHARMACY		3,789		12,649	422,972	15
16 MEDICAL RECORDS & LIBRARY		3,646		1,091		16
17 SOCIAL SERVICE		929		19		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	238,258	41,113	71,615	66,887	1,040	30
31 INTENSIVE CARE UNIT	17,369	5,148	8,967	9,380	105	31
40 SUBPROVIDER - IPF	21,879	4,790	8,345	1,711	10	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		8,579	14,946	251,829	82	50
51 RECOVERY ROOM		1,501	2,616	1,564	3	51
53 ANESTHESIOLOGY				19,685		53
54 RADIOLOGY-DIAGNOSTIC		6,577		10,268	1,210	54
54.01 ULTRASOUND		1,072		1,244	5	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,215		27,424	143	57
58 MAGNETIC RESONANCE IMAGING (MRI)		357		12	18	58
59 CARDIAC CATHETERIZATION		1,716	2,989	41,190	953	59
60 LABORATORY		7,006		51,798	44	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		572		733		63
64 INTRAVENOUS THERAPY		1,287	2,242	14,473		64
65 RESPIRATORY THERAPY		2,431		9,410	5,617	65
66 PHYSICAL THERAPY		4,790		10,121		66
68 SPEECH PATHOLOGY		143				68
69 ELECTROCARDIOLOGY		2,145		5,051	41	69
70 ELECTROENCEPHALOGRAPHY		143		73		70
70.01 EMG		286		72	41	70.01
70.02 PULMONARY FUNCTION		143		82		70.02
70.03 ANGIOGRAPHY		214		4,400	52	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				256,838		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					389,126	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		858		83	2	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	2,822		2,117	53		90.01
91 EMERGENCY	7,788	7,149	12,455	14,241	764	91
91.01 PCC				6,971	1,743	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		143		20,877	177	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				366	21,796	116
118 SUBTOTALS (SUM OF LINES 1-117)	288,116	113,104	126,292	840,595	422,972	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				3		190
192 PHYSICIANS' PRIVATE OFFICES						192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194 NEW DIRECTION						194
194.01 PRIVATE DUTY NURSING				1		194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	288,116	113,104	126,292	840,599	422,972	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	334,031					16
17 SOCIAL SERVICE		39,784				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	184,248	34,640	3,505,039		3,505,039	30
31 INTENSIVE CARE UNIT	3,197	2,170	354,482		354,482	31
40 SUBPROVIDER - IPF	11,085		374,017		374,017	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,456		1,638,044		1,638,044	50
51 RECOVERY ROOM			122,341		122,341	51
53 ANESTHESIOLOGY			127,860		127,860	53
54 RADIOLOGY-DIAGNOSTIC	17,195		2,111,482		2,111,482	54
54.01 ULTRASOUND	4,903		180,048		180,048	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,192		558,588		558,588	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,066		364,463		364,463	58
59 CARDIAC CATHETERIZATION			497,009		497,009	59
60 LABORATORY	52,510		884,288		884,288	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			53,050		53,050	63
64 INTRAVENOUS THERAPY			50,179		50,179	64
65 RESPIRATORY THERAPY	426		275,736		275,736	65
66 PHYSICAL THERAPY	2,274		394,973		394,973	66
68 SPEECH PATHOLOGY			4,333		4,333	68
69 ELECTROCARDIOLOGY	2,771		343,493		343,493	69
70 ELECTROENCEPHALOGRAPHY	284		36,583		36,583	70
70.01 EMG			14,780		14,780	70.01
70.02 PULMONARY FUNCTION			10,340		10,340	70.02
70.03 ANGIOGRAPHY			127,619		127,619	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			301,106		301,106	71
72 IMPL. DEV. CHARGED TO PATIENT			103,581		103,581	72
73 DRUGS CHARGED TO PATIENTS			487,265		487,265	73
74 RENAL DIALYSIS			17,268		17,268	74
76.97 CARDIAC REHABILITATION	355		36,517		36,517	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	497		22,403		22,403	90.01
91 EMERGENCY	18,190	2,974	579,218		579,218	91
91.01 PCC	22,311		240,484		240,484	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			250,386		250,386	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			433,825		433,825	116
118 SUBTOTALS (SUM OF LINES 1-117)	333,960	39,784	14,500,800		14,500,800	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			32,290		32,290	190
192 PHYSICIANS' PRIVATE OFFICES			210,659		210,659	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 NEW DIRECTION	71		277		277	194
194.01 PRIVATE DUTY NURSING			11,603		11,603	194.01
194.02 PHYSICIAN REFERRAL CENTER			1,781		1,781	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	334,031	39,784	14,757,410		14,757,410	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI-CATIONS # OF PHONES	DATA PROCESSING TIME SPENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	561,940					1
2 CAP REL COSTS-MVBLE EQUIP		9,444,132				2
4 EMPLOYEE BENEFITS	3,077	5,807	2,358			4
5.01 COMMUNICATIONS	1,538	52,861	11	1,312		5.01
5.02 DATA PROCESSING	8,708	2,761,967	41	89	2,479	5.02
5.03 PURCHASING & STORES		1,140	9	13	117	5.03
5.04 ADMITTING	1,595	4,180	54	59	24	5.04
5.05 CASHIERING	9,987	21,777	47	56	166	5.05
5.06 ADMINISTRATIVE & GENERAL	78,293	918,826	158	157	418	5.06
6 MAINTENANCE & REPAIRS	105,363	653,324	35	45		6
6.01 CLINICAL ENGINEERING	1,249	229,772	7	3	5	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	5,928	1,479	3	3		8
9 HOUSEKEEPING	1,658	16,165	69	10		9
10 DIETARY	12,759	64,916	76	39	18	10
11 CAFETERIA	8,526					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,438	5,973	28	26	35	13
14 CENTRAL SERVICES & SUPPLY	20,682	361,037	47	22	101	14
15 PHARMACY	4,004	136,251	53	16	146	15
16 MEDICAL RECORDS & LIBRARY	6,206	8,012	51	39	177	16
17 SOCIAL SERVICE	1,582	423	13	14	7	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,054	148,622	575	157	519	30
31 INTENSIVE CARE UNIT	9,625	104,730	72	21		31
40 SUBPROVIDER - IPF	19,159	12,005	67	37	10	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,879	574,910	120	122	73	50
51 RECOVERY ROOM	3,691	40,027	21	10		51
53 ANESTHESIOLOGY	915	69,189		7		53
54 RADIOLOGY-DIAGNOSTIC	16,718	1,223,776	92	90	143	54
54.01 ULTRASOUND	1,568	128,263	15	2		54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,037	453,014	17	6		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,734	328,502	5			58
59 CARDIAC CATHETERIZATION	12,240	234,593	24			59
60 LABORATORY	12,593	342,493	98	37	59	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	808	7,624	8	3		63
64 INTRAVENOUS THERAPY	737	5,024	18	4		64
65 RESPIRATORY THERAPY	1,581	53,194	34	12	60	65
66 PHYSICAL THERAPY	13,119	20,397	67	52	79	66
68 SPEECH PATHOLOGY		1,660	2			68
69 ELECTROCARDIOLOGY	4,250	133,327	30	26	86	69
70 ELECTROENCEPHALOGRAPHY	774	8,470	2	2		70
70.01 EMG	150	9,137	4	9		70.01
70.02 PULMONARY FUNCTION	142	6,856	2			70.02
70.03 ANGIOGRAPHY	1,227	92,660	3			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	819	2,115		2		74
76.97 CARDIAC REHABILITATION		19,136	12			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		3,076	17			90.01
91 EMERGENCY	12,282	41,489	100	70	164	91
91.01 PCC		54,368	57		43	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	451	80,385	129	4	29	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		278	37			116
118 SUBTOTALS (SUM OF LINES 1-117)	543,146	9,443,230	2,330	1,264	2,479	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404		2			190
192 PHYSICIANS' PRIVATE OFFICES	16,390	175		48		192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTEs	COMMUNI- CATIONS # OF PHONES	DATA PROCESSING TIME SPENT	
		1	2	4	5.01	5.02	
194	NEW DIRECTION		181				194
194.01	PRIVATE DUTY NURSING			24			194.01
194.02	PHYSICIAN REFERRAL CENTER		546	2			194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,353,961	9,414,423	50,702,677	934,008	9,506,180	202
203	UNIT COST MULT-WS B PT I	7.748089	0.996854	21,502.407549	711.896341	3,834.683340	203
204	COST TO BE ALLOC PER B PT II			29,630	64,750	2,825,661	204
205	UNIT COST MULT-WS B PT II			12.565734	49.352134	1,139.839048	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH & STORES	ADMITTING	CASHIERING	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL	
	# OF REQUISIT. 5.03	INPATIENT REVENUES 5.04	INPATIENT REVENUES 5.05	5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES	42,985					5.03
5.04 ADMITTING	256	644,071,738				5.04
5.05 CASHIERING	491		644,071,738			5.05
5.06 ADMINISTRATIVE & GENERAL	2,509			-23,482,572	268,581,090	5.06
6 MAINTENANCE & REPAIRS	3,591				7,950,425	6
6.01 CLINICAL ENGINEERING	134				1,067,019	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	671				1,566,751	8
9 HOUSEKEEPING	459				5,195,490	9
10 DIETARY	560				5,010,167	10
11 CAFETERIA					1,049,703	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	561				3,310,478	13
14 CENTRAL SERVICES & SUPPLY	4,504				5,390,563	14
15 PHARMACY	449				6,548,743	15
16 MEDICAL RECORDS & LIBRARY	400				5,026,424	16
17 SOCIAL SERVICE	80				1,263,691	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,258	119,484,043	119,484,043		59,423,029	30
31 INTENSIVE CARE UNIT	254	14,488,972	14,488,972		7,654,186	31
40 SUBPROVIDER - IPF	422	13,118,992	13,118,992		6,682,244	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,207	84,565,543	84,565,543		21,309,614	50
51 RECOVERY ROOM	150	6,509,606	6,509,606		2,268,662	51
53 ANESTHESIOLOGY	366	16,244,516	16,244,516		746,847	53
54 RADIOLOGY-DIAGNOSTIC	1,820	20,614,536	20,614,536		12,313,056	54
54.01 ULTRASOUND	138	8,137,610	8,137,610		2,004,177	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	100	35,689,567	35,689,567		3,684,200	57
58 MAGNETIC RESONANCE IMAGING (MRI)	73	7,165,572	7,165,572		1,176,660	58
59 CARDIAC CATHETERIZATION	3,845	19,833,468	19,833,468		4,275,869	59
60 LABORATORY	6,501	96,296,787	96,296,787		15,421,950	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	224	5,918,493	5,918,493		3,402,012	63
64 INTRAVENOUS THERAPY	22	1,150,215	1,150,215		2,142,270	64
65 RESPIRATORY THERAPY	255	34,524,363	34,524,363		4,414,457	65
66 PHYSICAL THERAPY	1,345	7,736,365	7,736,365		7,089,314	66
68 SPEECH PATHOLOGY	11	969,222	969,222		248,771	68
69 ELECTROCARDIOLOGY	207	21,484,712	21,484,712		3,394,996	69
70 ELECTROENCEPHALOGRAPHY	21	750,977	750,977		434,322	70
70.01 EMG	103	218,095	218,095		293,147	70.01
70.02 PULMONARY FUNCTION	11	264,367	264,367		172,244	70.02
70.03 ANGIOGRAPHY	862	4,272,497	4,272,497		1,087,297	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		24,737,838	24,737,838		3,958,513	71
72 IMPL. DEV. CHARGED TO PATIENT		18,812,899	18,812,899		11,893,076	72
73 DRUGS CHARGED TO PATIENTS		44,938,199	44,938,199		9,442,500	73
74 RENAL DIALYSIS	61	1,676,496	1,676,496		497,755	74
76.97 CARDIAC REHABILITATION	221	633,863	633,863		1,310,041	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	135	7,104	7,104		1,644,579	90.01
91 EMERGENCY	477	33,748,107	33,748,107		11,031,026	91
91.01 PCC	1,175	78,714	78,714		4,835,077	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	904				13,387,942	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	101				4,685,455	116
118 SUBTOTALS (SUM OF LINES 1-117)	42,934	644,071,738	644,071,738	-23,482,572	265,704,742	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					394,458	190
192 PHYSICIANS' PRIVATE OFFICES	6				908,592	192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH & STORES	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	# OF REQUISIT. 5.03	INPATIENT REVENUES 5.04	INPATIENT REVENUES 5.05	5A.06	5.06	
194 NEW DIRECTION					2,921	194
194.01 PRIVATE DUTY NURSING	23				1,425,597	194.01
194.02 PHYSICIAN REFERRAL CENTER	21				144,780	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,238,667	3,911,520	5,401,742		23,482,572	202
203 UNIT COST MULT-WS B PT I	28.816261	0.006073	0.008387		0.087432	203
204 COST TO BE ALLOC PER B PT II	148,247	48,355	293,349		2,114,079	204
205 UNIT COST MULT-WS B PT II	3.448808	0.000075	0.000455		0.007871	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
	6	6.01	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	353,379					6
6.01 CLINICAL ENGINEERING	1,249	7,064				6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	5,928		2,295,671			8
9 HOUSEKEEPING	1,658	7	66,521	16,986		9
10 DIETARY	12,759		639	275	296,787	10
11 CAFETERIA	8,526					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,438	176		136		13
14 CENTRAL SERVICES & SUPPLY	20,682	781	1,551	394		14
15 PHARMACY	4,004		821	236		15
16 MEDICAL RECORDS & LIBRARY	6,206			159		16
17 SOCIAL SERVICE	1,582			35		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,054	1,141	1,172,473	7,236	245,429	30
31 INTENSIVE CARE UNIT	9,625	194	145,270	732	17,892	31
40 SUBPROVIDER - IPF	19,159	50	46,446	626	22,537	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,879	1,067	168,723	1,749		50
51 RECOVERY ROOM	3,691	76	146,183	206		51
53 ANESTHESIOLOGY	915	317		80		53
54 RADIOLOGY-DIAGNOSTIC	16,718	1,094	137,058	1,108		54
54.01 ULTRASOUND	1,568	139				54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,037	15				57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,734	31				58
59 CARDIAC CATHETERIZATION	12,240	209	28,835	277		59
60 LABORATORY	12,593	268		779		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	808	93				63
64 INTRAVENOUS THERAPY	737	3		31		64
65 RESPIRATORY THERAPY	1,581	407		95		65
66 PHYSICAL THERAPY	13,119	257	44,074	334		66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	4,250	224	41,701	145		69
70 ELECTROENCEPHALOGRAPHY	774	23	1,186	31		70
70.01 EMG	150	5				70.01
70.02 PULMONARY FUNCTION	142					70.02
70.03 ANGIOGRAPHY	1,227	51				70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	819	3				74
76.97 CARDIAC REHABILITATION		125				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		6			2,907	90.01
91 EMERGENCY	12,282	237	246,558	1,880	8,022	91
91.01 PCC		59	47,632			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	451	6				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	334,585	7,064	2,295,671	16,544	296,787	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404					190
192 PHYSICIANS' PRIVATE OFFICES	16,390			442		192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
194 NEW DIRECTION	6	6.01	8	9	10	194
194.01 PRIVATE DUTY NURSING						194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,645,547	1,190,868	1,848,766	5,745,057	5,853,896	202
203 UNIT COST MULT-WS B PT I	24.465367	168.582673	0.805327	338.223066	19.724233	203
204 COST TO BE ALLOC PER B PT II	1,547,972	258,993	88,205	82,874	288,116	204
205 UNIT COST MULT-WS B PT II	4.380487	36.663788	0.038422	4.878959	0.970784	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION FTES	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,582					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	28	1,014				13
14 CENTRAL SERVICES & SUPPLY	47		10,408,643			14
15 PHARMACY	53		156,628	7,876,876		15
16 MEDICAL RECORDS & LIBRARY	51		13,504		4,701	16
17 SOCIAL SERVICE	13		239			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	575	575	828,223	19,369	2,593	30
31 INTENSIVE CARE UNIT	72	72	116,144	1,950	45	31
40 SUBPROVIDER - IPF	67	67	21,192	193	156	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	120	120	3,118,242	1,518	119	50
51 RECOVERY ROOM	21	21	19,365	54		51
53 ANESTHESIOLOGY			243,746			53
54 RADIOLOGY-DIAGNOSTIC	92		127,137	22,542	242	54
54.01 ULTRASOUND	15		15,400	98	69	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	17		339,575	2,657	59	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5		147	342	15	58
59 CARDIAC CATHETERIZATION	24	24	510,034	17,752		59
60 LABORATORY	98		641,386	811	739	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8		9,076			63
64 INTRAVENOUS THERAPY	18	18	179,212	1		64
65 RESPIRATORY THERAPY	34		116,522	104,602	6	65
66 PHYSICAL THERAPY	67		125,323		32	66
68 SPEECH PATHOLOGY	2					68
69 ELECTROCARDIOLOGY	30		62,543	766	39	69
70 ELECTROENCEPHALOGRAPHY	2		899		4	70
70.01 EMG	4		889	756		70.01
70.02 PULMONARY FUNCTION	2		1,017			70.02
70.03 ANGIOGRAPHY	3		54,479	972		70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,180,300			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				7,246,584		73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	12		1,028	34	5	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		17	653		7	90.01
91 EMERGENCY	100	100	176,333	14,226	256	91
91.01 PCC			86,323	32,464	314	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	2		258,507	3,294		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			4,536	405,891		116
118 SUBTOTALS (SUM OF LINES 1-117)	1,582	1,014	10,408,602	7,876,876	4,700	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			33			190
192 PHYSICIANS' PRIVATE OFFICES						192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION FTES	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
194 NEW DIRECTION						1 194
194.01 PRIVATE DUTY NURSING				8		194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,350,073	3,783,596	6,674,146	7,445,416	5,723,685	202
203 UNIT COST MULT-WS B PT I	853.396334	3,731.357002	0.641212	0.945224	1,217.546267	203
204 COST TO BE ALLOC PER B PT II	113,104	126,292	840,599	422,972	334,031	204
205 UNIT COST MULT-WS B PT II	71.494311	124.548323	0.080760	0.053698	71.055307	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING			5.05
5.06 ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
6.01 CLINICAL ENGINEERING			6.01
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	990		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	862		30
31 INTENSIVE CARE UNIT	54		31
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
51 RECOVERY ROOM			51
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
70.01 EMG			70.01
70.02 PULMONARY FUNCTION			70.02
70.03 ANGIOGRAPHY			70.03
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 OUTPATIENT PSYCHE SERVICES			90.01
91 EMERGENCY	74		91
91.01 PCC			91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	990		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
194 NEW DIRECTION			194
194.01 PRIVATE DUTY NURSING			194.01
194.02 PHYSICIAN REFERRAL CENTER			194.02
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,435,967		202
203 UNIT COST MULT-WS B PT I	1,450.471717		203
204 COST TO BE ALLOC PER B PT II	39,784		204
205 UNIT COST MULT-WS B PT II	40.185859		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	83,549,054		83,549,054	117,511	83,666,565	30
31 INTENSIVE CARE UNIT	9,848,600		9,848,600	4,453	9,853,053	31
40 SUBPROVIDER - IPF	8,948,191		8,948,191		8,948,191	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,580,408		27,580,408		27,580,408	50
51 RECOVERY ROOM	2,866,276		2,866,276		2,866,276	51
53 ANESTHESIOLOGY	1,071,323		1,071,323		1,071,323	53
54 RADIOLOGY-DIAGNOSTIC	14,944,167		14,944,167		14,944,167	54
54.01 ULTRASOUND	2,347,981		2,347,981		2,347,981	54.01
57 COMPUTED TOMOGRAPHY (CT) SC	4,365,276		4,365,276		4,365,276	57
58 MAGNETIC RESONANCE IMAGING	1,350,134		1,350,134		1,350,134	58
59 CARDIAC CATHETERIZATION	5,555,172		5,555,172	16,860	5,572,032	59
60 LABORATORY	18,782,501		18,782,501		18,782,501	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	3,747,550		3,747,550		3,747,550	63
64 INTRAVENOUS THERAPY	2,556,034		2,556,034		2,556,034	64
65 RESPIRATORY THERAPY	5,149,753		5,149,753	18,879	5,168,632	65
66 PHYSICAL THERAPY	8,398,393		8,398,393	58,118	8,456,511	66
68 SPEECH PATHOLOGY	272,229		272,229		272,229	68
69 ELECTROCARDIOLOGY	4,030,106		4,030,106		4,030,106	69
70 ELECTROENCEPHALOGRAPHY	513,702		513,702		513,702	70
70.01 EMG	327,989		327,989		327,989	70.01
70.02 PULMONARY FUNCTION	193,137		193,137		193,137	70.02
70.03 ANGIOGRAPHY	1,259,391		1,259,391		1,259,391	70.03
71 MEDICAL SUPPLIES CHRGD TO	6,343,858		6,343,858		6,343,858	71
72 IMPL. DEV. CHARGED TO PATIE	12,932,911		12,932,911		12,932,911	72
73 DRUGS CHARGED TO PATIENTS	17,117,725		17,117,725		17,117,725	73
74 RENAL DIALYSIS	561,818		561,818		561,818	74
76.97 CARDIAC REHABILITATION	1,462,674		1,462,674		1,462,674	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	1,919,092		1,919,092		1,919,092	90.01
91 EMERGENCY	14,332,593		14,332,593		14,332,593	91
91.01 PCC	5,774,469		5,774,469		5,774,469	91.01
92 OBSERVATION BEDS	5,660,174		5,660,174		5,660,174	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	14,741,101		14,741,101		14,741,101	101
113 INTEREST EXPENSE						113
116 HOSPICE	5,481,681		5,481,681		5,481,681	116
200 SUBTOTAL (SEE INSTRUCTIONS)	293,985,463		293,985,463	215,821	294,201,284	200
201 LESS OBSERVATION BEDS	5,660,174		5,660,174		5,660,174	201
202 TOTAL (SEE INSTRUCTIONS)	288,325,289		288,325,289		288,541,110	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,484,043		119,484,043			30
31 INTENSIVE CARE UNIT	14,488,972		14,488,972			31
40 SUBPROVIDER - IPF	13,118,992		13,118,992			40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	84,565,543	87,829,550	172,395,093	0.159984	0.159984	0.159984 50
51 RECOVERY ROOM	6,509,606	4,801,408	11,311,014	0.253406	0.253406	0.253406 51
53 ANESTHESIOLOGY	16,244,516	11,171,601	27,416,117	0.039076	0.039076	0.039076 53
54 RADIOLOGY-DIAGNOSTIC	20,614,536	50,450,909	71,065,445	0.210287	0.210287	0.210287 54
54.01 ULTRASOUND	8,137,610	15,497,653	23,635,263	0.099342	0.099342	0.099342 54.01
57 COMPUTED TOMOGRAPHY (CT) SC	35,689,567	65,425,999	101,115,566	0.043171	0.043171	0.043171 57
58 MAGNETIC RESONANCE IMAGING	7,165,572	6,704,615	13,870,187	0.097341	0.097341	0.097341 58
59 CARDIAC CATHETERIZATION	19,833,468	9,761,798	29,595,266	0.187705	0.187705	0.188274 59
60 LABORATORY	96,296,787	93,661,312	189,958,099	0.098877	0.098877	0.098877 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	5,918,493	2,328,079	8,246,572	0.454437	0.454437	0.454437 63
64 INTRAVENOUS THERAPY	1,150,215	4,477,366	5,627,581	0.454198	0.454198	0.454198 64
65 RESPIRATORY THERAPY	34,524,363	2,645,394	37,169,757	0.138547	0.138547	0.139055 65
66 PHYSICAL THERAPY	7,736,365	16,863,585	24,599,950	0.341399	0.341399	0.343761 66
68 SPEECH PATHOLOGY	969,222	454,158	1,423,380	0.191255	0.191255	0.191255 68
69 ELECTROCARDIOLOGY	21,484,712	18,468,334	39,953,046	0.100871	0.100871	0.100871 69
70 ELECTROENCEPHALOGRAPHY	750,977	1,531,632	2,282,609	0.225050	0.225050	0.225050 70
70.01 EMG	218,095	1,708,204	1,926,299	0.170269	0.170269	0.170269 70.01
70.02 PULMONARY FUNCTION	264,367	1,270,434	1,534,801	0.125838	0.125838	0.125838 70.02
70.03 ANGIOGRAPHY	4,272,497	2,417,306	6,689,803	0.188255	0.188255	0.188255 70.03
71 MEDICAL SUPPLIES CHRGD TO	24,737,838	9,940,963	34,678,801	0.182932	0.182932	0.182932 71
72 IMPL. DEV. CHARGED TO PATIE	18,812,899	4,811,138	23,624,037	0.547447	0.547447	0.547447 72
73 DRUGS CHARGED TO PATIENTS	44,938,199	7,881,955	52,820,154	0.324076	0.324076	0.324076 73
74 RENAL DIALYSIS	1,676,496	26,712	1,703,208	0.329859	0.329859	0.329859 74
76.97 CARDIAC REHABILITATION	633,863	2,401,366	3,035,229	0.481899	0.481899	0.481899 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	7,104	4,651,069	4,658,173	0.411984	0.411984	0.411984 90.01
91 EMERGENCY	33,748,107	50,486,052	84,234,159	0.170152	0.170152	0.170152 91
91.01 PCC	78,714	8,346,598	8,425,312	0.685372	0.685372	0.685372 91.01
92 OBSERVATION BEDS	2,257,773	8,264,977	10,522,750	0.537899	0.537899	0.537899 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		16,197,939	16,197,939			101
113 INTEREST EXPENSE						113
116 HOSPICE		8,889,865	8,889,865			116
200 SUBTOTAL (SEE INSTRUCTIONS)	646,329,511	519,367,971	1,165,697,482			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	646,329,511	519,367,971	1,165,697,482			202

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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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,505,039		3,505,039	81,713	42.89	50,509	2,166,331	30
31 INTENSIVE CARE UNIT	354,482		354,482	5,710	62.08	4,840	300,467	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	374,017		374,017	7,195	51.98	2,716	141,178	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				2,719				43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,233,538		4,233,538	97,337		58,065	2,607,976	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0062) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,638,044	172,395,093	0.009502	45,166,689	429,174	50
51	RECOVERY ROOM	122,341	11,311,014	0.010816	3,458,797	37,410	51
53	ANESTHESIOLOGY	127,860	27,416,117	0.004664	7,967,089	37,159	53
54	RADIOLOGY-DIAGNOSTIC	2,111,482	71,065,445	0.029712	14,460,242	429,643	54
54.01	ULTRASOUND	180,048	23,635,263	0.007618	5,507,278	41,954	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	558,588	101,115,566	0.005524	22,683,560	125,304	57
58	MAGNETIC RESONANCE IMAGING (M	364,463	13,870,187	0.026277	4,194,888	110,229	58
59	CARDIAC CATHETERIZATION	497,009	29,595,266	0.016794	11,481,617	192,822	59
60	LABORATORY	884,288	189,958,099	0.004655	63,546,836	295,811	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	53,050	8,246,572	0.006433	4,146,765	26,676	63
64	INTRAVENOUS THERAPY	50,179	5,627,581	0.008917	851,985	7,597	64
65	RESPIRATORY THERAPY	275,736	37,169,757	0.007418	26,542,960	196,896	65
66	PHYSICAL THERAPY	394,973	24,599,950	0.016056	5,993,825	96,237	66
68	SPEECH PATHOLOGY	4,333	1,423,380	0.003044	844,173	2,570	68
69	ELECTROCARDIOLOGY	343,493	39,953,046	0.008597	15,048,351	129,371	69
70	ELECTROENCEPHALOGRAPHY	36,583	2,282,609	0.016027	503,412	8,068	70
70.01	EMG	14,780	1,926,299	0.007673	143,006	1,097	70.01
70.02	PULMONARY FUNCTION	10,340	1,534,801	0.006737	170,168	1,146	70.02
70.03	ANGIOGRAPHY	127,619	6,689,803	0.019077	3,126,963	59,653	70.03
71	MEDICAL SUPPLIES CHRGED TO PA	301,106	34,678,801	0.008683	15,384,502	133,584	71
72	IMPL. DEV. CHARGED TO PATIENT	103,581	23,624,037	0.004385	10,544,253	46,237	72
73	DRUGS CHARGED TO PATIENTS	487,265	52,820,154	0.009225	29,249,859	269,830	73
74	RENAL DIALYSIS	17,268	1,703,208	0.010139	1,328,608	13,471	74
76.97	CARDIAC REHABILITATION	36,517	3,035,229	0.012031	430,300	5,177	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	22,403	4,658,173	0.004809	6,987	34	90.01
91	EMERGENCY	579,218	84,234,159	0.006876	21,106,505	145,128	91
91.01	PCC	240,484	8,425,312	0.028543	74,342	2,122	91.01
92	OBSERVATION BEDS	237,122	10,522,750	0.022534	1,560,332	35,161	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,820,173	993,517,671	993,517,671	315,524,292	2,879,561	200

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/25/2012 15:04

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/25/2012 15:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	81,713		50,509	30
31 INTENSIVE CARE UNIT	5,710		4,840	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF	7,195		2,716	40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,719			43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	97,337		58,065	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0062)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>			

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST						SCHOOL	HEALTH	MEDICAL EDUCATION COST	COST (SUM OF COLS.1-4)	COST (SUM OF COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 EMG						70.01
70.02 PULMONARY FUNCTION						70.02
70.03 ANGIOGRAPHY						70.03
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES						90.01
91 EMERGENCY						91
91.01 PCC						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0062)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	172,395,093		45,166,689	25,727,923	50
51	RECOVERY ROOM	11,311,014		3,458,797	1,119,546	51
53	ANESTHESIOLOGY	27,416,117		7,967,089	3,042,137	53
54	RADIOLOGY-DIAGNOSTIC	71,065,445		14,460,242	15,871,382	54
54.01	ULTRASOUND	23,635,263		5,507,278	4,629,878	54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	101,115,566		22,683,560	22,632,958	57
58	MAGNETIC RESONANCE IMAGING (	13,870,187		4,194,888	1,981,626	58
59	CARDIAC CATHETERIZATION	29,595,266		11,481,617	5,006,623	59
60	LABORATORY	189,958,099		63,546,836	9,623,866	60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
63	BLOOD STORING, PROCESSING &	8,246,572		4,146,765	1,344,947	63
64	INTRAVENOUS THERAPY	5,627,581		851,985	1,846,764	64
65	RESPIRATORY THERAPY	37,169,757		26,542,960	1,110,061	65
66	PHYSICAL THERAPY	24,599,950		5,993,825		66
68	SPEECH PATHOLOGY	1,423,380		844,173		68
69	ELECTROCARDIOLOGY	39,953,046		15,048,351	6,093,303	69
70	ELECTROENCEPHALOGRAPHY	2,282,609		503,412	542,810	70
70.01	EMG	1,926,299		143,006	686,294	70.01
70.02	PULMONARY FUNCTION	1,534,801		170,168	543,762	70.02
70.03	ANGIOGRAPHY	6,689,803		3,126,963	1,417,091	70.03
71	MEDICAL SUPPLIES CHRGED TO P	34,678,801		15,384,502	2,898,273	71
72	IMPL. DEV. CHARGED TO PATIEN	23,624,037		10,544,253	2,015,654	72
73	DRUGS CHARGED TO PATIENTS	52,820,154		29,249,859	3,203,872	73
74	RENAL DIALYSIS	1,703,208		1,328,608	11,139	74
76.97	CARDIAC REHABILITATION	3,035,229		430,300	1,025,585	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	4,658,173		6,987		90.01
91	EMERGENCY	84,234,159		21,106,505	11,969,706	91
91.01	PCC	8,425,312		74,342	1,182,981	91.01
92	OBSERVATION BEDS	10,522,750		1,560,332	2,282,413	92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	993,517,671		315,524,292	127,810,594	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	SERVICES	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS		
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.159984	25,727,923			4,116,056			50
51 RECOVERY ROOM	0.253406	1,119,546			283,700			51
53 ANESTHESIOLOGY	0.039076	3,042,137			118,875			53
54 RADIOLOGY-DIAGNOSTIC	0.210287	15,871,382			3,337,545			54
54.01 ULTRASOUND	0.099342	4,629,878			459,941			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171	22,632,958			977,087			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341	1,981,626			192,893			58
59 CARDIAC CATHETERIZATION	0.187705	5,006,623			939,768			59
60 LABORATORY	0.098877	9,623,866			951,579			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437	1,344,947			611,194			63
64 INTRAVENOUS THERAPY	0.454198	1,846,764			838,797			64
65 RESPIRATORY THERAPY	0.138547	1,110,061			153,796			65
66 PHYSICAL THERAPY	0.341399							66
68 SPEECH PATHOLOGY	0.191255							68
69 ELECTROCARDIOLOGY	0.100871	6,093,303			614,638			69
70 ELECTROENCEPHALOGRAPHY	0.225050	542,810			122,159			70
70.01 EMG	0.170269	686,294			116,855			70.01
70.02 PULMONARY FUNCTION	0.125838	543,762			68,426			70.02
70.03 ANGIOGRAPHY	0.188255	1,417,091			266,774			70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.182932	2,898,273			530,187			71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447	2,015,654			1,103,464			72
73 DRUGS CHARGED TO PATIENTS	0.324076	3,203,872		16,076	1,038,298		5,210	73
74 RENAL DIALYSIS	0.329859	11,139			3,674			74
76.97 CARDIAC REHABILITATION	0.481899	1,025,585			494,228			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OUTPATIENT PSYCHE SERVICES	0.411984							90.01
91 EMERGENCY	0.170152	11,969,706			2,036,669			91
91.01 PCC	0.685372	1,182,981			810,782			91.01
92 OBSERVATION BEDS	0.537899	2,282,413			1,227,708			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		127,810,594		16,076	21,415,093		5,210	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		127,810,594		16,076	21,415,093		5,210	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S062) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,638,044	172,395,093	0.009502	41,895	398	50
51	RECOVERY ROOM	122,341	11,311,014	0.010816	1,076	12	51
53	ANESTHESIOLOGY	127,860	27,416,117	0.004664	2,029	9	53
54	RADIOLOGY-DIAGNOSTIC	2,111,482	71,065,445	0.029712	94,068	2,795	54
54.01	ULTRASOUND	180,048	23,635,263	0.007618	36,997	282	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	558,588	101,115,566	0.005524	222,852	1,231	57
58	MAGNETIC RESONANCE IMAGING (M	364,463	13,870,187	0.026277	115,456	3,034	58
59	CARDIAC CATHETERIZATION	497,009	29,595,266	0.016794			59
60	LABORATORY	884,288	189,958,099	0.004655	1,217,310	5,667	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	53,050	8,246,572	0.006433	1,897	12	63
64	INTRAVENOUS THERAPY	50,179	5,627,581	0.008917	12,782	114	64
65	RESPIRATORY THERAPY	275,736	37,169,757	0.007418	171,222	1,270	65
66	PHYSICAL THERAPY	394,973	24,599,950	0.016056	101,517	1,630	66
68	SPEECH PATHOLOGY	4,333	1,423,380	0.003044	7,445	23	68
69	ELECTROCARDIOLOGY	343,493	39,953,046	0.008597	111,612	960	69
70	ELECTROENCEPHALOGRAPHY	36,583	2,282,609	0.016027	30,130	483	70
70.01	EMG	14,780	1,926,299	0.007673	3,823	29	70.01
70.02	PULMONARY FUNCTION	10,340	1,534,801	0.006737	18,059	122	70.02
70.03	ANGIOGRAPHY	127,619	6,689,803	0.019077			70.03
71	MEDICAL SUPPLIES CHRGED TO PA	301,106	34,678,801	0.008683	83,065	721	71
72	IMPL. DEV. CHARGED TO PATIENT	103,581	23,624,037	0.004385			72
73	DRUGS CHARGED TO PATIENTS	487,265	52,820,154	0.009225	492,165	4,540	73
74	RENAL DIALYSIS	17,268	1,703,208	0.010139			74
76.97	CARDIAC REHABILITATION	36,517	3,035,229	0.012031			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	22,403	4,658,173	0.004809			90.01
91	EMERGENCY	579,218	84,234,159	0.006876	538,332	3,702	91
91.01	PCC	240,484	8,425,312	0.028543	976	28	91.01
92	OBSERVATION BEDS	237,122	10,522,750	0.022534			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,820,173	993,517,671	993,517,671	3,304,708	27,062	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S062)	<input type="checkbox"/>	SNF	<input type="checkbox"/>			TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
53						53
54						54
54.01						54.01
57						57
58						58
59						59
60						60
62.30						62.30
63						63
64						64
65						65
66						66
68						68
69						69
70						70
70.01						70.01
70.02						70.02
70.03						70.03
71						71
72						72
73						73
74						74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01						90.01
91						91
91.01						91.01
92						92
OTHER REIMBURSABLE COST CENTERS						
200						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S062)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	172,395,093			41,895		50
51	RECOVERY ROOM	11,311,014			1,076		51
53	ANESTHESIOLOGY	27,416,117			2,029		53
54	RADIOLOGY-DIAGNOSTIC	71,065,445			94,068		54
54.01	ULTRASOUND	23,635,263			36,997		54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	101,115,566			222,852		57
58	MAGNETIC RESONANCE IMAGING (	13,870,187			115,456		58
59	CARDIAC CATHETERIZATION	29,595,266					59
60	LABORATORY	189,958,099			1,217,310		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,246,572			1,897		63
64	INTRAVENOUS THERAPY	5,627,581			12,782		64
65	RESPIRATORY THERAPY	37,169,757			171,222		65
66	PHYSICAL THERAPY	24,599,950			101,517		66
68	SPEECH PATHOLOGY	1,423,380			7,445		68
69	ELECTROCARDIOLOGY	39,953,046			111,612		69
70	ELECTROENCEPHALOGRAPHY	2,282,609			30,130		70
70.01	EMG	1,926,299			3,823		70.01
70.02	PULMONARY FUNCTION	1,534,801			18,059		70.02
70.03	ANGIOGRAPHY	6,689,803					70.03
71	MEDICAL SUPPLIES CHRGED TO P	34,678,801			83,065		71
72	IMPL. DEV. CHARGED TO PATIEN	23,624,037					72
73	DRUGS CHARGED TO PATIENTS	52,820,154			492,165		73
74	RENAL DIALYSIS	1,703,208					74
76.97	CARDIAC REHABILITATION	3,035,229					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	4,658,173					90.01
91	EMERGENCY	84,234,159			538,332		91
91.01	PCC	8,425,312			976		91.01
92	OBSERVATION BEDS	10,522,750					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	993,517,671			3,304,708		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S062) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159984						50
51 RECOVERY ROOM	0.253406						51
53 ANESTHESIOLOGY	0.039076						53
54 RADIOLOGY-DIAGNOSTIC	0.210287						54
54.01 ULTRASOUND	0.099342						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341						58
59 CARDIAC CATHETERIZATION	0.187705						59
60 LABORATORY	0.098877						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437						63
64 INTRAVENOUS THERAPY	0.454198						64
65 RESPIRATORY THERAPY	0.138547						65
66 PHYSICAL THERAPY	0.341399						66
68 SPEECH PATHOLOGY	0.191255						68
69 ELECTROCARDIOLOGY	0.100871						69
70 ELECTROENCEPHALOGRAPHY	0.225050						70
70.01 EMG	0.170269						70.01
70.02 PULMONARY FUNCTION	0.125838						70.02
70.03 ANGIOGRAPHY	0.188255						70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.182932						71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447						72
73 DRUGS CHARGED TO PATIENTS	0.324076						73
74 RENAL DIALYSIS	0.329859						74
76.97 CARDIAC REHABILITATION	0.481899						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.411984						90.01
91 EMERGENCY	0.170152						91
91.01 PCC	0.685372						91.01
92 OBSERVATION BEDS	0.537899						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,505,039		3,505,039	81,713	42.89	1,797	77,073	30
31 INTENSIVE CARE UNIT	354,482		354,482	5,710	62.08	216	13,409	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	374,017		374,017	7,195	51.98	100	5,198	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				2,719		165		43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,233,538		4,233,538	97,337		2,278	95,680	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0062) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,638,044	172,395,093	0.009502	2,750,583	26,136	50
51	RECOVERY ROOM	122,341	11,311,014	0.010816	188,870	2,043	51
53	ANESTHESIOLOGY	127,860	27,416,117	0.004664	491,131	2,291	53
54	RADIOLOGY-DIAGNOSTIC	2,111,482	71,065,445	0.029712	731,945	21,748	54
54.01	ULTRASOUND	180,048	23,635,263	0.007618	332,872	2,536	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	558,588	101,115,566	0.005524	1,582,265	8,740	57
58	MAGNETIC RESONANCE IMAGING (M	364,463	13,870,187	0.026277	339,108	8,911	58
59	CARDIAC CATHETERIZATION	497,009	29,595,266	0.016794	727,040	12,210	59
60	LABORATORY	884,288	189,958,099	0.004655	3,682,355	17,141	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	53,050	8,246,572	0.006433	173,280	1,115	63
64	INTRAVENOUS THERAPY	50,179	5,627,581	0.008917	40,623	362	64
65	RESPIRATORY THERAPY	275,736	37,169,757	0.007418	1,211,831	8,989	65
66	PHYSICAL THERAPY	394,973	24,599,950	0.016056	131,497	2,111	66
68	SPEECH PATHOLOGY	4,333	1,423,380	0.003044	21,028	64	68
69	ELECTROCARDIOLOGY	343,493	39,953,046	0.008597	698,861	6,008	69
70	ELECTROENCEPHALOGRAPHY	36,583	2,282,609	0.016027	32,185	516	70
70.01	EMG	14,780	1,926,299	0.007673	11,751	90	70.01
70.02	PULMONARY FUNCTION	10,340	1,534,801	0.006737	8,358	56	70.02
70.03	ANGIOGRAPHY	127,619	6,689,803	0.019077	217,657	4,152	70.03
71	MEDICAL SUPPLIES CHRGED TO PA	301,106	34,678,801	0.008683	973,087	8,449	71
72	IMPL. DEV. CHARGED TO PATIENT	103,581	23,624,037	0.004385			72
73	DRUGS CHARGED TO PATIENTS	487,265	52,820,154	0.009225	1,789,904	16,512	73
74	RENAL DIALYSIS	17,268	1,703,208	0.010139	69,960	709	74
76.97	CARDIAC REHABILITATION	36,517	3,035,229	0.012031	13,567	163	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	22,403	4,658,173	0.004809			90.01
91	EMERGENCY	579,218	84,234,159	0.006876	1,447,411	9,952	91
91.01	PCC	240,484	8,425,312	0.028543	2,151	61	91.01
92	OBSERVATION BEDS	237,122	10,522,750	0.022534			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,820,173	993,517,671	993,517,671	17,669,320	161,065	200

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/25/2012 15:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/25/2012 15:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	81,713		1,797	30
31 INTENSIVE CARE UNIT	5,710		216	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF	7,195		100	40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,719		165	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	97,337		2,278	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0062)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF				
	COST			COST	COLS.1-4)	COLS.2-4)				
	1	2	3	4	5	6				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
54.01	ULTRASOUND					54.01				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
63	BLOOD STORING, PROCESSING & T					63				
64	INTRAVENOUS THERAPY					64				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
70.01	EMG					70.01				
70.02	PULMONARY FUNCTION					70.02				
70.03	ANGIOGRAPHY					70.03				
71	MEDICAL SUPPLIES CHRGD TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	OUTPATIENT PSYCHE SERVICES					90.01				
91	EMERGENCY					91				
91.01	PCC					91.01				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0062)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	172,395,093			2,750,583		50
51	RECOVERY ROOM	11,311,014			188,870		51
53	ANESTHESIOLOGY	27,416,117			491,131		53
54	RADIOLOGY-DIAGNOSTIC	71,065,445			731,945		54
54.01	ULTRASOUND	23,635,263			332,872		54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	101,115,566			1,582,265		57
58	MAGNETIC RESONANCE IMAGING (	13,870,187			339,108		58
59	CARDIAC CATHETERIZATION	29,595,266			727,040		59
60	LABORATORY	189,958,099			3,682,355		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,246,572			173,280		63
64	INTRAVENOUS THERAPY	5,627,581			40,623		64
65	RESPIRATORY THERAPY	37,169,757			1,211,831		65
66	PHYSICAL THERAPY	24,599,950			131,497		66
68	SPEECH PATHOLOGY	1,423,380			21,028		68
69	ELECTROCARDIOLOGY	39,953,046			698,861		69
70	ELECTROENCEPHALOGRAPHY	2,282,609			32,185		70
70.01	EMG	1,926,299			11,751		70.01
70.02	PULMONARY FUNCTION	1,534,801			8,358		70.02
70.03	ANGIOGRAPHY	6,689,803			217,657		70.03
71	MEDICAL SUPPLIES CHRGED TO P	34,678,801			973,087		71
72	IMPL. DEV. CHARGED TO PATIEN	23,624,037					72
73	DRUGS CHARGED TO PATIENTS	52,820,154			1,789,904		73
74	RENAL DIALYSIS	1,703,208			69,960		74
76.97	CARDIAC REHABILITATION	3,035,229			13,567		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	4,658,173					90.01
91	EMERGENCY	84,234,159			1,447,411		91
91.01	PCC	8,425,312			2,151		91.01
92	OBSERVATION BEDS	10,522,750					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	993,517,671			17,669,320		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159984						50
51 RECOVERY ROOM	0.253406						51
53 ANESTHESIOLOGY	0.039076						53
54 RADIOLOGY-DIAGNOSTIC	0.210287						54
54.01 ULTRASOUND	0.099342						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341						58
59 CARDIAC CATHETERIZATION	0.187705						59
60 LABORATORY	0.098877						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437						63
64 INTRAVENOUS THERAPY	0.454198						64
65 RESPIRATORY THERAPY	0.138547						65
66 PHYSICAL THERAPY	0.341399						66
68 SPEECH PATHOLOGY	0.191255						68
69 ELECTROCARDIOLOGY	0.100871						69
70 ELECTROENCEPHALOGRAPHY	0.225050						70
70.01 EMG	0.170269						70.01
70.02 PULMONARY FUNCTION	0.125838						70.02
70.03 ANGIOGRAPHY	0.188255						70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.182932						71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447						72
73 DRUGS CHARGED TO PATIENTS	0.324076						73
74 RENAL DIALYSIS	0.329859						74
76.97 CARDIAC REHABILITATION	0.481899						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.411984						90.01
91 EMERGENCY	0.170152						91
91.01 PCC	0.685372						91.01
92 OBSERVATION BEDS	0.537899						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S062) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	1,638,044	172,395,093	0.009502				50
51	RECOVERY ROOM	122,341	11,311,014	0.010816				51
53	ANESTHESIOLOGY	127,860	27,416,117	0.004664				53
54	RADIOLOGY-DIAGNOSTIC	2,111,482	71,065,445	0.029712				54
54.01	ULTRASOUND	180,048	23,635,263	0.007618				54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	558,588	101,115,566	0.005524				57
58	MAGNETIC RESONANCE IMAGING (M	364,463	13,870,187	0.026277				58
59	CARDIAC CATHETERIZATION	497,009	29,595,266	0.016794				59
60	LABORATORY	884,288	189,958,099	0.004655				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	53,050	8,246,572	0.006433				63
64	INTRAVENOUS THERAPY	50,179	5,627,581	0.008917				64
65	RESPIRATORY THERAPY	275,736	37,169,757	0.007418				65
66	PHYSICAL THERAPY	394,973	24,599,950	0.016056				66
68	SPEECH PATHOLOGY	4,333	1,423,380	0.003044				68
69	ELECTROCARDIOLOGY	343,493	39,953,046	0.008597				69
70	ELECTROENCEPHALOGRAPHY	36,583	2,282,609	0.016027				70
70.01	EMG	14,780	1,926,299	0.007673				70.01
70.02	PULMONARY FUNCTION	10,340	1,534,801	0.006737				70.02
70.03	ANGIOGRAPHY	127,619	6,689,803	0.019077				70.03
71	MEDICAL SUPPLIES CHRGED TO PA	301,106	34,678,801	0.008683				71
72	IMPL. DEV. CHARGED TO PATIENT	103,581	23,624,037	0.004385				72
73	DRUGS CHARGED TO PATIENTS	487,265	52,820,154	0.009225				73
74	RENAL DIALYSIS	17,268	1,703,208	0.010139				74
76.97	CARDIAC REHABILITATION	36,517	3,035,229	0.012031				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	22,403	4,658,173	0.004809				90.01
91	EMERGENCY	579,218	84,234,159	0.006876				91
91.01	PCC	240,484	8,425,312	0.028543				91.01
92	OBSERVATION BEDS	237,122	10,522,750	0.022534				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	9,820,173	993,517,671	993,517,671				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S062)	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[XX]	OTHER
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
54.01	ULTRASOUND					54.01				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
63	BLOOD STORING, PROCESSING & T					63				
64	INTRAVENOUS THERAPY					64				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
70.01	EMG					70.01				
70.02	PULMONARY FUNCTION					70.02				
70.03	ANGIOGRAPHY					70.03				
71	MEDICAL SUPPLIES CHRGD TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	OUTPATIENT PSYCHE SERVICES					90.01				
91	EMERGENCY					91				
91.01	PCC					91.01				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S062)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	172,395,093					50
51	RECOVERY ROOM	11,311,014					51
53	ANESTHESIOLOGY	27,416,117					53
54	RADIOLOGY-DIAGNOSTIC	71,065,445					54
54.01	ULTRASOUND	23,635,263					54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	101,115,566					57
58	MAGNETIC RESONANCE IMAGING (	13,870,187					58
59	CARDIAC CATHETERIZATION	29,595,266					59
60	LABORATORY	189,958,099					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,246,572					63
64	INTRAVENOUS THERAPY	5,627,581					64
65	RESPIRATORY THERAPY	37,169,757					65
66	PHYSICAL THERAPY	24,599,950					66
68	SPEECH PATHOLOGY	1,423,380					68
69	ELECTROCARDIOLOGY	39,953,046					69
70	ELECTROENCEPHALOGRAPHY	2,282,609					70
70.01	EMG	1,926,299					70.01
70.02	PULMONARY FUNCTION	1,534,801					70.02
70.03	ANGIOGRAPHY	6,689,803					70.03
71	MEDICAL SUPPLIES CHRGED TO P	34,678,801					71
72	IMPL. DEV. CHARGED TO PATIEN	23,624,037					72
73	DRUGS CHARGED TO PATIENTS	52,820,154					73
74	RENAL DIALYSIS	1,703,208					74
76.97	CARDIAC REHABILITATION	3,035,229					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	4,658,173					90.01
91	EMERGENCY	84,234,159					91
91.01	PCC	8,425,312					91.01
92	OBSERVATION BEDS	10,522,750					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	993,517,671					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S062) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159984						50
51 RECOVERY ROOM	0.253406						51
53 ANESTHESIOLOGY	0.039076						53
54 RADIOLOGY-DIAGNOSTIC	0.210287						54
54.01 ULTRASOUND	0.099342						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341						58
59 CARDIAC CATHETERIZATION	0.187705						59
60 LABORATORY	0.098877						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437						63
64 INTRAVENOUS THERAPY	0.454198						64
65 RESPIRATORY THERAPY	0.138547						65
66 PHYSICAL THERAPY	0.341399						66
68 SPEECH PATHOLOGY	0.191255						68
69 ELECTROCARDIOLOGY	0.100871						69
70 ELECTROENCEPHALOGRAPHY	0.225050						70
70.01 EMG	0.170269						70.01
70.02 PULMONARY FUNCTION	0.125838						70.02
70.03 ANGIOGRAPHY	0.188255						70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.182932						71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447						72
73 DRUGS CHARGED TO PATIENTS	0.324076						73
74 RENAL DIALYSIS	0.329859						74
76.97 CARDIAC REHABILITATION	0.481899						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.411984						90.01
91 EMERGENCY	0.170152						91
91.01 PCC	0.685372						91.01
92 OBSERVATION BEDS	0.537899						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	81,713	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	81,713	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	81,713	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	50,509	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	83,666,565	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	83,666,565	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	119,484,043	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	119,484,043	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.700232	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,462.24	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	83,666,565	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0062) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,023.91 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 51,716,670 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 51,716,670 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,853,053	5,710	1,725.58	4,840	8,351,807	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					55,480,151	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					115,548,628	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,466,798 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,879,561 51
 52 TOTAL PROGRAM EXCLUDABLE COST 5,346,359 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 110,202,269 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,528 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,023.91 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,660,174 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,505,039	83,666,565	0.041893	5,660,174	237,122	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,195	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,195	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,195	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,716	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	8,948,191	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,948,191	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,118,992	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,118,992	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.682079	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,823.35	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,948,191	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S062) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,243.67 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,377,808 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,377,808 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 526,458 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 3,904,266 49

PASS-THROUGH COST ADJUSTMENTS
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 141,178 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 27,062 51
52 TOTAL PROGRAM EXCLUDABLE COST 168,240 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 3,736,026 53

TARGET AMOUNT AND LIMIT COMPUTATION
54 PROGRAM DISCHARGES 54
55 TARGET AMOUNT PER DISCHARGE 55
56 TARGET AMOUNT (LINE 54 x LINE 55) 56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (TITLE XVIII ONLY) 65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	81,713	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	81,713	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	81,713	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,797	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,719	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	165	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	83,666,565	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	83,666,565	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	119,484,043	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	119,484,043	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.700232	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,462.24	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	83,666,565	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0062) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,023.91 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,839,966 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,839,966 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)		2,719		165		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,853,053	5,710	1,725.58	216	372,725	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					2,768,530	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					4,981,221	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 90,482 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 161,065 51
 52 TOTAL PROGRAM EXCLUDABLE COST 251,547 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 4,729,674 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,528 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,195	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,195	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,195	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	100	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	8,948,191	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,948,191	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,118,992	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,118,992	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.682079	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,823.35	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,948,191	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S062) [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,243.67 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	124,367 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	124,367 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	124,367 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	5,198 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	5,198 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		72,129,344			30
31 INTENSIVE CARE UNIT		10,043,011			31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.159984	45,166,689	7,225,948		50
51 RECOVERY ROOM	0.253406	3,458,797	876,480		51
53 ANESTHESIOLOGY	0.039076	7,967,089	311,322		53
54 RADIOLOGY-DIAGNOSTIC	0.210287	14,460,242	3,040,801		54
54.01 ULTRASOUND	0.099342	5,507,278	547,104		54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171	22,683,560	979,272		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341	4,194,888	408,335		58
59 CARDIAC CATHETERIZATION	0.188274	11,481,617	2,161,690		59
60 LABORATORY	0.098877	63,546,836	6,283,321		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437	4,146,765	1,884,443		63
64 INTRAVENOUS THERAPY	0.454198	851,985	386,970		64
65 RESPIRATORY THERAPY	0.139055	26,542,960	3,690,931		65
66 PHYSICAL THERAPY	0.343761	5,993,825	2,060,443		66
68 SPEECH PATHOLOGY	0.191255	844,173	161,452		68
69 ELECTROCARDIOLOGY	0.100871	15,048,351	1,517,942		69
70 ELECTROENCEPHALOGRAPHY	0.225050	503,412	113,293		70
70.01 EMG	0.170269	143,006	24,349		70.01
70.02 PULMONARY FUNCTION	0.125838	170,168	21,414		70.02
70.03 ANGIOGRAPHY	0.188255	3,126,963	588,666		70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182932	15,384,502	2,814,318		71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447	10,544,253	5,772,420		72
73 DRUGS CHARGED TO PATIENTS	0.324076	29,249,859	9,479,177		73
74 RENAL DIALYSIS	0.329859	1,328,608	438,253		74
76.97 CARDIAC REHABILITATION	0.481899	430,300	207,361		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PSYCHE SERVICES	0.411984	6,987	2,879		90.01
91 EMERGENCY	0.170152	21,106,505	3,591,314		91
91.01 PCC	0.685372	74,342	50,952		91.01
92 OBSERVATION BEDS	0.537899	1,560,332	839,301		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		315,524,292	55,480,151		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		315,524,292			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S062)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		5,289,628		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159984	41,895	6,703	50
51 RECOVERY ROOM	0.253406	1,076	273	51
53 ANESTHESIOLOGY	0.039076	2,029	79	53
54 RADIOLOGY-DIAGNOSTIC	0.210287	94,068	19,781	54
54.01 ULTRASOUND	0.099342	36,997	3,675	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171	222,852	9,621	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341	115,456	11,239	58
59 CARDIAC CATHETERIZATION	0.188274			59
60 LABORATORY	0.098877	1,217,310	120,364	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437	1,897	862	63
64 INTRAVENOUS THERAPY	0.454198	12,782	5,806	64
65 RESPIRATORY THERAPY	0.139055	171,222	23,809	65
66 PHYSICAL THERAPY	0.343761	101,517	34,898	66
68 SPEECH PATHOLOGY	0.191255	7,445	1,424	68
69 ELECTROCARDIOLOGY	0.100871	111,612	11,258	69
70 ELECTROENCEPHALOGRAPHY	0.225050	30,130	6,781	70
70.01 EMG	0.170269	3,823	651	70.01
70.02 PULMONARY FUNCTION	0.125838	18,059	2,273	70.02
70.03 ANGIOGRAPHY	0.188255			70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182932	83,065	15,195	71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447			72
73 DRUGS CHARGED TO PATIENTS	0.324076	492,165	159,499	73
74 RENAL DIALYSIS	0.329859			74
76.97 CARDIAC REHABILITATION	0.481899			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.411984			90.01
91 EMERGENCY	0.170152	538,332	91,598	91
91.01 PCC	0.685372	976	669	91.01
92 OBSERVATION BEDS	0.537899			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,304,708	526,458	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,304,708		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		4,603,330		30
31 INTENSIVE CARE UNIT		761,007		31
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159984	2,750,583	440,049	50
51 RECOVERY ROOM	0.253406	188,870	47,861	51
53 ANESTHESIOLOGY	0.039076	491,131	19,191	53
54 RADIOLOGY-DIAGNOSTIC	0.210287	731,945	153,919	54
54.01 ULTRASOUND	0.099342	332,872	33,068	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171	1,582,265	68,308	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341	339,108	33,009	58
59 CARDIAC CATHETERIZATION	0.188274	727,040	136,883	59
60 LABORATORY	0.098877	3,682,355	364,100	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437	173,280	78,745	63
64 INTRAVENOUS THERAPY	0.454198	40,623	18,451	64
65 RESPIRATORY THERAPY	0.139055	1,211,831	168,511	65
66 PHYSICAL THERAPY	0.343761	131,497	45,204	66
68 SPEECH PATHOLOGY	0.191255	21,028	4,022	68
69 ELECTROCARDIOLOGY	0.100871	698,861	70,495	69
70 ELECTROENCEPHALOGRAPHY	0.225050	32,185	7,243	70
70.01 EMG	0.170269	11,751	2,001	70.01
70.02 PULMONARY FUNCTION	0.125838	8,358	1,052	70.02
70.03 ANGIOGRAPHY	0.188255	217,657	40,975	70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182932	973,087	178,009	71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447			72
73 DRUGS CHARGED TO PATIENTS	0.324076	1,789,904	580,065	73
74 RENAL DIALYSIS	0.329859	69,960	23,077	74
76.97 CARDIAC REHABILITATION	0.481899	13,567	6,538	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.411984			90.01
91 EMERGENCY	0.170152	1,447,411	246,280	91
91.01 PCC	0.685372	2,151	1,474	91.01
92 OBSERVATION BEDS	0.537899			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		17,669,320	2,768,530	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		17,669,320		202

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/25/2012 15:04

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S062)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159984			50
51 RECOVERY ROOM	0.253406			51
53 ANESTHESIOLOGY	0.039076			53
54 RADIOLOGY-DIAGNOSTIC	0.210287			54
54.01 ULTRASOUND	0.099342			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043171			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.097341			58
59 CARDIAC CATHETERIZATION	0.187705			59
60 LABORATORY	0.098877			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454437			63
64 INTRAVENOUS THERAPY	0.454198			64
65 RESPIRATORY THERAPY	0.138547			65
66 PHYSICAL THERAPY	0.341399			66
68 SPEECH PATHOLOGY	0.191255			68
69 ELECTROCARDIOLOGY	0.100871			69
70 ELECTROENCEPHALOGRAPHY	0.225050			70
70.01 EMG	0.170269			70.01
70.02 PULMONARY FUNCTION	0.125838			70.02
70.03 ANGIOGRAPHY	0.188255			70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182932			71
72 IMPL. DEV. CHARGED TO PATIENT	0.547447			72
73 DRUGS CHARGED TO PATIENTS	0.324076			73
74 RENAL DIALYSIS	0.329859			74
76.97 CARDIAC REHABILITATION	0.481899			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.411984			90.01
91 EMERGENCY	0.170152			91
91.01 PCC	0.685372			91.01
92 OBSERVATION BEDS	0.537899			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0062)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	81,342,392	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,967,850	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	323.85	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	83,310,242	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	83,310,242	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,678,983	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0062)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	89,989,225	59
60	PRIMARY PAYER PAYMENTS	77,100	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	89,912,125	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,156,972	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	351,294	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	732,219	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	512,553	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	510,577	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	81,916,412	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	81,916,412	71
72	INTERIM PAYMENTS	81,861,965	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	54,447	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0062) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,210	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	21,415,093	2
3	PPS PAYMENTS	19,277,594	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	76,285	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	5,210	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	16,076	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	16,076	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16,076	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	10,866	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	5,210	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	19,353,879	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,601,923	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	14,757,166	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	14,757,166	30
31	PRIMARY PAYER PAYMENTS	495	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	14,756,671	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	284,324	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	199,027	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	202,102	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	14,955,698	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	14,955,698	40
41	INTERIM PAYMENTS	14,874,005	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	81,693	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S062) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-0062) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

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		81,403,665		14,753,517
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.		470,611		130,406
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.		NONE		NONE
				3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
	08/12/2011	12,311	08/12/2011	9,918
				3.50
				3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-12,311		-9,918
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		81,861,965		14,874,005

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
				5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.50
				5.51
				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S062) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,653,513		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.	.01	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,653,513		4

TO BE COMPLETED BY CONTRACTOR

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
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/25/2012 15:04

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0062) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	18,662 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	55,349 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,594 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	81,895 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,165,697,482 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	20,127,385 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S062)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,293,389	1
2	NET IPF PPS OUTLIER PAYMENT	582,530	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	19.712329	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,875,919	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,875,919	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,875,919	18
19	DEDUCTIBLES	204,860	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,671,059	20
21	COINSURANCE	17,546	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,653,513	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	74,594	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	52,216	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	63,863	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,705,729	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,705,729	31
32	INTERIM PAYMENTS	2,653,513	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	52,216	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	17,669,320 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	17,669,320 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	17,669,320 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17,669,320 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [XX] IPF (14-S062) [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	124,367 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	124,367 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	124,367 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	124,367 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	5,819,000			1
2	TEMPORARY INVESTMENTS	68,036,000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	67,666,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-32,164,000			6
7	INVENTORY	1,532,000			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	4,903,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	115,792,000			11
FIXED ASSETS					
12	LAND	7,365,000			12
13	LAND IMPROVEMENTS	6,518,000			13
14	ACCUMULATED DEPRECIATION	-5,244,000			14
15	BUILDINGS	200,703,000			15
16	ACCUMULATED DEPRECIATION	-100,025,000			16
17	LEASEHOLD IMPROVEMENTS	108,546,000			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	151,324,000			23
24	ACCUMULATED DEPRECIATION	-113,269,000			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	255,918,000			30
OTHER ASSETS					
31	INVESTMENTS	316,897,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	11,110,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	328,007,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	699,717,000			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	21,069,000			37
38	SALARIES, WAGES & FEES PAYABLE	22,281,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	79,576,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	122,926,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	275,111,000			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	43,291,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	318,402,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	441,328,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	258,389,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	258,389,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	699,717,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		251,725,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		8,579,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		260,304,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		513,000							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		513,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		260,817,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNREALIZED LOSSES		2,428,000							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		2,428,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		258,389,000							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	121,437,000		121,437,000	2
3 SUBPROVIDER IPF	12,272,000		12,272,000	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	133,709,000		133,709,000	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 SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	133,709,000		133,709,000	18
19 ANCILLARY SERVICES	512,621,000		512,621,000	19
20 OUTPATIENT SERVICES		496,809,000	496,809,000	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		16,198,000	16,198,000	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 OTHER (SPECIFY)				27.01
27.02 PHYSICIAN SERVICES	1,972,000		1,972,000	27.02
27.03 HOSPICE		8,890,000	8,890,000	27.03
28 PRIVATE DUTY		1,019,000	1,019,000	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	648,302,000	522,916,000	1,171,218,000	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		331,677,567	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)	-2,567		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-2,567		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		331,675,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,171,218,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	842,229,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	328,989,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	331,675,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,686,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	5,433,000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	45,000	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	1,031,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	193,000	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	21,000	21
22	RENTAL OF HOSPITAL SPACE	1,335,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION)	48,000	24
24.01	OTHER (MISCELLANEOUS)	1,106,000	24.01
24.02	OTHER (HOME DELIVERED MEALS)	60,000	24.02
24.03	OTHER (LIFELINE)	61,000	24.03
24.04	OTHER (JOINT VENTURE)	48,000	24.04
24.05	OTHER (BABY PHOTO)	2,000	24.05
24.06	OTHER (OTHER)	1,882,000	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,265,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	8,579,000	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	8,579,000	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL	2,315,647		308,913		499,779	3,124,339
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	4,146,539				258,507	4,405,046
8 PHYSICAL THERAPY	1,116,452			402,495		1,518,947
9 OCCUPATIONAL THERAPY	261,545			12,581		274,126
10 SPEECH PATHOLOGY	96,508			240		96,748
11 MEDICAL SOCIAL SERVICES	79,797					79,797
12 HOME HEALTH AIDE	790,868					790,868
13 SUPPLIES (SEE INSTRUCTIONS)					72,354	72,354
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						15
18 RESPIRATORY THERAPY						16
19 PRIVATE DUTY NURSING						17
20 CLINIC						18
21 HEALTH PROMOTION ACTIVITIES						19
22 DAY CARE PROGRAM						20
23 HOME DELIVERED MEALS PROGRAM						21
24 HOMEMAKER SERVICE						22
25 ALL OTHERS						23
26 TOTAL (SUM OF LINES 1-23)	8,807,356		308,913	415,316	830,640	10,362,225

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	28,916	3,153,255	-740	3,152,515	5
6		4,405,046		4,405,046	6
7		1,518,947		1,518,947	7
8		274,126		274,126	8
9		96,748		96,748	9
10		79,797		79,797	10
11		790,868		790,868	11
12		72,354		72,354	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	28,916	10,391,141	-740	10,390,401	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7470

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1									1
2									2
3									3
4									4
5	3,152,515					3,152,515	3,152,515		5
6	4,405,046					4,405,046	1,918,653	6,323,699	6
7	1,518,947					1,518,947	661,588	2,180,535	7
8	274,126					274,126	119,397	393,523	8
9	96,748					96,748	42,139	138,887	9
10	79,797					79,797	34,756	114,553	10
11	790,868					790,868	344,468	1,135,336	11
12	72,354					72,354	31,514	103,868	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	10,390,401					10,390,401		10,390,401	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL 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-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-3,152,515	7,237,886	5
6 SKILLED NURSING CARE						4,405,046	6
7 PHYSICAL THERAPY						1,518,947	7
8 OCCUPATIONAL THERAPY						274,126	8
9 SPEECH PATHOLOGY						96,748	9
10 MEDICAL SOCIAL SERVICES						79,797	10
11 HOME HEALTH AIDE						790,868	11
12 SUPPLIES (SEE INSTRUCTIONS)						72,354	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-3,152,515	7,237,886	24
25 COST TO BE ALLOC (PER W/S H)						3,152,515	25
26 UNIT COST MULTIPLIER						0.435557	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7470

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	3,442,246			1
2 SKILLED NURSING CARE	6,876,592	2,094,986	8,971,578	2
3 PHYSICAL THERAPY	2,371,184	722,391	3,093,575	3
4 OCCUPATIONAL THERAPY	427,930	130,371	558,301	4
5 SPEECH PATHOLOGY	151,030	46,012	197,042	5
6 MEDICAL SOCIAL SERVICES	124,569	37,950	162,519	6
7 HOME HEALTH AIDE	1,234,601	376,126	1,610,727	7
8 SUPPLIES	112,949	34,410	147,359	8
9 DRUGS				9
10 DME				10
11 HOME DIALYSIS AIDE SERVICES				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIES				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGRAM				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
20 TOTAL (SUM OF LINES 1-19)	14,741,101	3,442,246	14,741,101	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.		0.304654		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS FTES 4	COMMUNI-CATIONS # OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	PURCH & STORES # OF REQUISIT. 5.03	ADMITTING INPATIENT REVENUES 5.04
1 ADMINISTRATIVE AND GENERAL	451	80,385		129	4	29	904	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	451	80,385		129	4	29	904	20
21 TOTAL COST TO BE ALLOCATED	3,494	80,132		2,773,811	2,848	111,206	26,050	21
22 UNIT COST MULTIPLIER	7.747228				712.000000		28.816372	22
22 UNIT COST MULTIPLIER		0.996853		21,502.410853		3,834.689655		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2
 PART II

HHA COST CENTER	CASHIERING INPATIENT REVENUES 5.05	RECON- CILIATION 4A.06	ADMINIS- TRATIVE & GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	CLINICAL ENGINEER TIME SPENT 6.01	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9
1 ADMINISTRATIVE AND GENERAL			2,997,541	451	6			1
2 SKILLED NURSING CARE			6,323,699					2
3 PHYSICAL THERAPY			2,180,535					3
4 OCCUPATIONAL THERAPY			393,523					4
5 SPEECH PATHOLOGY			138,887					5
6 MEDICAL SOCIAL SERVICES			114,553					6
7 HOME HEALTH AIDE			1,135,336					7
8 SUPPLIES			103,868					8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)			13,387,942	451	6			20
21 TOTAL COST TO BE ALLOCATED			1,170,535	11,034	1,011			21
22 UNIT COST MULTIPLIER			0.087432		168.500000			22
22 UNIT COST MULTIPLIER				24.465632				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL			2		258,507	3,294		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		2			258,507	3,294		20
21 TOTAL COST TO BE ALLOCATED		1,707			165,758	3,114		21
22 UNIT COST MULTIPLIER					0.641213			22
22 UNIT COST MULTIPLIER		853.500000				0.945355		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2
 PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19	20	21	22	23	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTAL (SUM OF LINES 1-19)						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
			1	2	3		5	
1	SKILLED NURSING CARE	2	8,971,578		8,971,578	50,771	176.71	1
2	PHYSICAL THERAPY	3	3,093,575		3,093,575	22,099	139.99	2
3	OCCUPATIONAL THERAPY	4	558,301		558,301	3,931	142.03	3
4	SPEECH PATHOLOGY	5	197,042		197,042	1,170	168.41	4
5	MEDICAL SOCIAL SERVICES	6	162,519		162,519	650	250.03	5
6	HOME HEALTH AIDE	7	1,610,727		1,610,727	14,156	113.78	6
7	TOTAL (SUM OF LINES 1-6)		14,593,742		14,593,742	92,777		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	5	
			1	2	3			
15	COST OF MEDICAL SUPPLIES	8	147,359		147,359	1,071,057	0.137583	15
16	COST OF DRUGS	9		1,611	1,611	4,970	0.324145	16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	24,270	19,391		4,288,752	3,426,584		7,715,336
2 PHYSICAL THERAPY	11,976	6,708		1,676,520	939,053		2,615,573
3 OCCUPATIONAL THERAPY	2,318	1,236		329,226	175,549		504,775
4 SPEECH PATHOLOGY	710	326		119,571	54,902		174,473
5 MEDICAL SOCIAL SERVICES	291	290		72,759	72,509		145,268
6 HOME HEALTH AIDE	4,863	8,754		553,312	996,030		1,549,342
7 TOTAL (SUM OF LINES 1-6)	44,428	36,705		7,040,140	5,664,627		12,704,767

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	16974	24,270	19,391	8
9 PHYSICAL THERAPY	16974	11,976	6,708	9
10 OCCUPATIONAL THERAPY	16974	2,318	1,236	10
11 SPEECH PATHOLOGY	16974	710	326	11
12 MEDICAL SOCIAL SERVICES	16974	291	290	12
13 HOME HEALTH AIDE	16974	4,863	8,754	13
14 TOTAL (SUM OF LINES 8-13)		44,428	36,705	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES	146,283	874,365		20,126	120,298		15
16 COST OF DRUGS		4,970			1,611		16

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 (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED
			2	3	
1 PHYSICAL THERAPY	66	0.341399			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68	0.191255			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.182932			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.324076	4,970	1,611	COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7470

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PART A & PART B SERVICES			
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)		1,611	1
2 TOTAL CHARGES		4,970	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			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 (SEE INSTRUCTIONS)		4,970	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)		3,359	7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
9 PRIMARY PAYER PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	6,280,803	4,378,200	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	105,651	124,964	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	78,643	63,115	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	47,289	35,207	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25,578	60,514	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		712	16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	6,537,964	4,664,323	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	6,537,964	4,664,323	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	6,537,964	4,664,323	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	6,537,964	4,664,323	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	6,537,964	4,664,323	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	6,537,964	4,667,681	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)		-3,358	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7470

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,537,964		4,662,711	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		4,970	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		6,537,964		4,667,681	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
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF			80,875			80,875	4
5 VOLUNTEER SERVICE COORDINATION	69,237					69,237	5
6 ADMINISTRATIVE AND GENERAL	359,581				904,661	1,264,242	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES					19,200	19,200	9
10 NURSING CARE	1,423,002					1,423,002	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY	37,665					37,665	12
13 OCCUPATIONAL THERAPY				680		680	13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	203,863					203,863	15
16 SPIRITUAL COUNSELING	32,984					32,984	16
17 DIETARY COUNSELING	18,799					18,799	17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	260,223					260,223	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					405,892	405,892	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					19,690	19,690	30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS	43,055					43,055	35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	2,448,409		80,875	680	1,349,443	3,879,407	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5		80,875		80,875	5
6	7,711	1,271,953	-439	1,271,514	6
7					7
8					8
9					9
10		19,200		19,200	10
11		1,423,002		1,423,002	11
12					12
13		37,665		37,665	13
14		680		680	14
15					15
16		203,863		203,863	16
17		32,984		32,984	17
18		18,799		18,799	18
19					19
20		260,223		260,223	20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30		19,690		19,690	30
31					31
32					32
33					33
34					34
35					35
36		43,055		43,055	36
37					37
38					38
39	15,422	3,887,118	-878	3,886,679	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1591

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5								69,237	69,237
6		29,403		8,874				321,304	359,581
7									7
8									8
9									9
10				250,587	1,172,415			1,423,002	10
11									11
12				26,722		10,943		37,665	12
13									13
14									14
15								203,863	203,863
16								32,984	32,984
17								18,799	18,799
18									18
19								260,223	260,223
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35								43,055	43,055
36									36
37									37
38									38
39		29,403		286,183	1,172,415	10,943		949,465	2,448,409

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1591 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY					680			680
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)					680			680

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									
2	CAP REL COSTS-BLDG AND FIXT.									1
3	CAP REL COSTS-MOVABLE EQUIP.									2
4	PLANT OPERATION & MAINT.									3
5	TRANSPORTATION - STAFF	80,875				80,875				4
6	VOLUNTEER SERVICE COORD.	69,237					69,237			5
7	ADMINISTRATIVE AND GENERAL	1,271,514				80,875	69,237	1,421,626	1,421,626	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE									7
10	INPATIENT - RESPIRE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	19,200						19,200	11,073	30,273
13	NURSING CARE	1,423,002						1,423,002	820,663	2,243,665
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY	37,665						37,665	21,722	59,387
16	OCCUPATIONAL THERAPY	680						680	392	1,072
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES	203,863						203,863	117,570	321,433
19	SPIRITUAL COUNSELING	32,984						32,984	19,022	52,006
20	DIETARY COUNSELING	18,799						18,799	10,842	29,641
21	COUNSELING - OTHER									18
22	HH AIDE AND HOMEMAKER	260,223						260,223	150,074	410,297
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER									21
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	405,892						405,892	234,083	639,975
27	ANALGESICS									22
28	SEDATIVES / HYPNOTICS									23
29	OTHER - SPECIFY									24
30	DURABLE MED. EQUIP./OXYGEN									25
31	PATIENT TRANSPORTATION									26
32	IMAGING SERVICES									27
33	LABS AND DIAGNOSTICS									28
34	MEDICAL SUPPLIES	19,690						19,690	11,355	31,045
35	OUTPAT.SERV.(INCL.E/R DEPT.)									29
36	RADIATION THERAPY									30
37	CHEMOTHERAPY									31
38	OTHER									32
39	HOSPICE NONREIMBURSABLE SERV.									33
40	BEREAVEMENT PROGRAM COSTS	43,055						43,055	24,830	67,885
41	VOLUNTEER PROGRAM COSTS									34
42	FUNDRAISING									35
43	OTHER PROGRAM COSTS									36
44	TOTAL (SUM OF LINES 1-38)	3,886,679				80,875	69,237	3,886,679		3,886,679

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCILI- ATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
1								1
2								2
3								3
4								4
5				100				5
6					100			6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
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29								29
30								30
31								31
32								32
33								33
34								34
35								35
36								36
37								37
38								38
39				80,875	69,237			39
40				808.750000	692.370000			40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	1,255,182			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES	32,920	9,777	42,697	4
5 NURSING CARE	2,439,833	724,579	3,164,412	5
6 NURSING CARE-CONTINUOUS HOM				6
7 PHYSICAL THERAPY	64,579	19,179	83,758	7
8 OCCUPATIONAL THERAPY	1,166	346	1,512	8
9 SPEECH/LANGUAGE PATHOLOGY				9
10 MEDICAL SOCIAL SERV. - DIRE	349,537	103,805	453,342	10
11 SPIRITUAL COUNSELING	56,553	16,795	73,348	11
12 DIETARY COUNSELING	32,233	9,573	41,806	12
13 COUNSELING - OTHER				13
14 HOME HLTH AIDE & HOMEMAKERS	446,170	132,503	578,673	14
15 HH AIDE & HMKR-CONT. HOME C				15
16 OTHER				16
17 DRUGS,BIOLOGICALS & INFUSIO	695,929	206,676	902,605	17
18 ANALGESICS				18
19 SEDATIVES / HYPNOTICS				19
20 OTHER - SPECIFY				20
21 DURABLE MED. EQUIP./OXYGEN				21
22 PATIENT TRANSPORTATION				22
23 IMAGING SERVICES				23
24 LABS AND DIAGNOSTICS				24
25 MEDICAL SUPPLIES	33,759	10,026	43,785	25
26 OUTPAT. SERV.(INCL.E/R DEPT				26
27 RADIATION THERAPY				27
28 CHEMOTHERAPY				28
29 OTHER				29
30 BEREAVEMENT PROGRAM COSTS	73,820	21,923	95,743	30
31 VOLUNTEER PROGRAM COSTS				31
32 FUNDRAISING				32
33 OTHER PROGRAM COSTS				33
34 TOTALS (SUM OF LINES 1-33)	5,481,681		5,481,681	34
35 UNIT COST MULTIPLIER		0.296979		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS FTES 4	COMMUNI-CATIONS # OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	PURCH & STORES # OF REQUISIT. 5.03	ADMITTING INPATIENT REVENUES 5.04
1 ADMINISTRATIVE AND GENERAL		278		37			101	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		278		37			101	34
35 TOTAL COST TO BE ALLOCATED		277		795,589			2,910	35
36 UNIT COST MULTIPLIER		0.996403		21,502.4054			28.811881	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CASHIERING INPATIENT REVENUES 5.05	RECON- CILIATION 4A.06	ADMINIS- TRATIVE & GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	CLINICAL ENGINEER TIME SPENT 6.01	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9
1 ADMINISTRATIVE AND GENERAL			798,776					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES			30,273					4
5 NURSING CARE			2,243,665					5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY			59,387					7
8 OCCUPATIONAL THERAPY			1,072					8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			321,433					10
11 SPIRITUAL COUNSELING			52,006					11
12 DIETARY COUNSELING			29,641					12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			410,297					14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO			639,975					17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES			31,045					25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS			67,885					30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			4,685,455					34
35 TOTAL COST TO BE ALLOCATED			409,659					35
36 UNIT COST MULTIPLIER			0.087432					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL					4,536	405,891		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)					4,536	405,891		34
35 TOTAL COST TO BE ALLOCATED					2,909	383,658		35
36 UNIT COST MULTIPLIER					0.641314	0.945224		36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19	20	21	22	23	
1 ADMINISTRATIVE AND GENERAL						1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE						5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE						10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS						14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO						17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)						34
35 TOTAL COST TO BE ALLOCATED						35
36 UNIT COST MULTIPLIER						36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3		
ANCILLARY SERVICE COST CENTERS						
1	PHYSICAL THERAPY	66	0.341399	258	88	1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.191255	388	74	3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.324076	161,998	52,500	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.098877	4,817	476	6
7	MEDICAL SUPPLIES	71	0.182932	53,189	9,730	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93		1,594		8
9	RADIATION THERAPY	55				9
10	OTHER ANCILLARY (SPECIFY)	76				10
10.97	CARDIAC REHABILITATION	76.97	0.481899			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (SUM OF LINES 1-10)				62,868	11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				5,544,549	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				35,323	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				156.97	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	34,097				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,352,206				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		168			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		26,371			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	7,153				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,122,806				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		12			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		1,884			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,058		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			166,074		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	6,604,159	1
2	CAPITAL DRG OUTLIER PAYMENTS	28,595	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	224.37	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0090	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0256	8
9	SUM OF LINES 7 AND 8	0.0346	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0070	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	46,229	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,678,983	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT	
1 CAPITAL DRG OTHER THAN OUTLIER	1
2 CAPITAL DRG OUTLIER PAYMENTS	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9 SUM OF LINES 7 AND 8	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
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						6
6.01						6.01
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
40						40
43						43
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
53						53
54						54
54.01						54.01
57						57
58						58
59						59
60						60
62.30						62.30
63						63
64						64
65						65
66						66
68						68
69						69
70						70
70.01						70.01
70.02						70.02
70.03						70.03
71						71
72						72
73						73
74						74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01						90.01
91						91
91.01						91.01
92						92
OTHER REIMBURSABLE COST CENTERS						
101						101
SPECIAL PURPOSE COST CENTERS						
113						113
116						116
118						118
NONREIMBURSABLE COST CENTERS						
190						190
192						192

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 NEW DIRECTION						194
194.01 PRIVATE DUTY NURSING						194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204