

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: 02-24-2012 TIME: 16:26
 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 NORTHWESTERN LAKE FOREST HOSPITAL (14-0130) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2010 AND ENDING 08/31/2011, 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		102,378	106,414		3,022,243	1
2 SUBPROVIDER - IPF						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						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		102,378	106,414		3,022,243	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.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 660 WESTMORELAND ROAD P.O.BOX: 1
 2 CITY: LAKE FOREST STATE: IL ZIP CODE: 60045 COUNTY: LAKE 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0130	29404	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5216	29404		07/01/1970	N	P	N	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	14-7045	29404		07/01/1966	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								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: 09/01/2010			TO: 08/31/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
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 N N 22
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.							1 N 23
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS 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.							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 ELIGIBLE 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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N	45
46	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	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

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

		Y/N	TIME AVERAGE	DIRECT GME AVERAGE	
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 TIME 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)	N			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
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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.	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1 / (COL.1+COL.2))	
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)				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)

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1 / (COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE	3	4	5	
1	2				

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

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1 / (COL.1+COL.2))	
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)				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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.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.		N	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.			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 N	XIX 2 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	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 N	2 105
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- SICAL N	OCCUP- ATIONAL SPEECH RESPI- RATORY 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.	1 N	2 115
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.	167,500,000	150,000,000 119
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.	1 Y	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)

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	160

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

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 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)	1 N	2	1	
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.	1 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					
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.	1 Y	2 A	3 11/18/2011	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 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	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 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.			13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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)	1 N	2	3 N	4 16
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	12/28/2011	Y	12/28/2011
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	18
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	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

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 | |

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	200	88,760,007	8,623,480	97,383,487	2,973,151.00	32.75	1	
2							2	
3							3	
4							4	
4.01							4.01	
5							5	
6							6	
7	21						7	
7.01							7.01	
8							8	
9	44	1,920,272	128,673	2,048,945	71,283.00	28.74	9	
10		9,321,100	503,999	9,825,099	328,558.00	29.90	10	
OTHER WAGES & RELATED COSTS								
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17		30,167,623		30,167,623			17	
18							18	
19		4,687,447		4,687,447			19	
20							20	
21							21	
22							22	
23							23	
24							24	
25							25	
26		955,305	99,218	1,054,523	42,753.00	24.67	26	
27		17,193,061	2,843,256	20,036,317	526,943.00	38.02	27	
28							28	
29							29	
30		1,792,502	152,654	1,945,156	76,510.00	25.42	30	
31		268,019	19,910	287,929	20,778.00	13.86	31	
32		1,378,427	106,159	1,484,586	101,348.00	14.65	32	
33							33	
34		11,552	2,041	13,593	354.00	38.40	34	
35							35	
36							36	
37		273,960	16,253	290,213	10,248.00	28.32	37	
38		1,782,021	170,410	1,952,431	45,925.00	42.51	38	
39		808,080	64,002	872,082	42,613.00	20.47	39	
40		1,301,236	81,404	1,382,640	32,400.00	42.67	40	
41		1,593,897	152,994	1,746,891	82,522.00	21.17	41	
42							42	
43							43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	88,760,007	8,623,480	97,383,487	2,973,151.00	32.75	1
2	11,241,372	632,672	11,874,044	399,841.00	29.70	2
3	77,518,635	7,990,808	85,509,443	2,573,310.00	33.23	3
4						4
5	30,167,623		30,167,623		35.28%	5
6	107,686,258	7,990,808	115,677,066	2,573,310.00	44.95	6
7	27,358,060	3,708,301	31,066,361	982,394.00	31.62	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,329,802	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	18,738,978	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		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	2,411,669	8
9 PRESCRIPTION DRUG PLAN	2,759,363	9
10 DENTAL, HEARING AND VISION PLAN	491,685	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	74,862	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	713,927	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,479,170	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	6,397,253	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	269,757	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	188,606	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	34,855,072	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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		1
2	HOSPITAL		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 OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		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.: 14-7045

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					1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION					2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				0.98	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			0.98	0.98	4
5 OTHER ADMINISTRATIVE PERSONNEL			4.95	4.95	5
6 DIRECT NURSING SERVICE			12.87	12.87	6
7 NURSING SUPERVISOR			4.07	4.07	7
8 PHYSICAL THERAPY SERVICE			5.65	5.65	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.01	0.01	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.02	0.02	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.43	0.43	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			1.52	1.52	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					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).					29404	20

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	5,953	230	300	146	6,629	21
22 SKILLED NURSING VISIT CHARGES	1,626,412	60,058	86,048	40,002	1,812,520	22
23 PHYSICAL THERAPY VISITS	3,938	12	55	96	4,101	23
24 PHYSICAL THERAPY VISIT CHARGES	1,100,025	3,323	16,218	26,716	1,146,282	24
25 OCCUPATIONAL THERAPY VISITS	47		2		49	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	13,416		585		14,001	26
27 SPEECH PATHOLOGY VISITS	31		1		32	27
28 SPEECH PATHOLOGY VISIT CHARGES	8,928		308		9,236	28
29 MEDICAL SOCIAL SERVICE VISITS	212	16	1	13	242	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	81,540	6,192	387	4,947	93,066	30
31 HOME HEALTH AIDE VISITS	879			14	893	31
32 HOME HEALTH AIDE VISIT CHARGES	144,636			2,270	146,906	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	11,060	258	359	269	11,946	33
34 OTHER CHARGES	69,377	7,411	5,570	2,376	84,734	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,044,334	76,984	109,116	76,311	3,306,745	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	761		125	20	906	36
37 TOTAL NUMBER OF OUTLIER EPISODES		7		1	8	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	
	1				2	3	4
3	RUX				10		10 3
4	RUL				105		105 4
5	RVX				50		50 5
6	RVL				46		46 6
7	RHX						7
8	RHL						8
9	RMX				142		142 9
10	RML				65		65 10
11	RLX						11
12	RUC				838		838 12
13	RUB				1,968		1,968 13
14	RUA				278		278 14
15	RVC				706		706 15
16	RVB				1,176		1,176 16
17	RVA				165		165 17
18	RHC				331		331 18
19	RHB				143		143 19
20	RHA				102		102 20
21	RMC				154		154 21
22	RMB				99		99 22
23	RMA				46		46 23
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1				41		41 28
29	HE2						29
30	HE1				11		11 30
31	HD2						31
32	HD1				88		88 32
33	HC2						33
34	HC1				20		20 34
35	HB2						35
36	HB1				7		7 36
37	LE2				14		14 37
38	LE1						38
39	LD2				22		22 39
40	LD1				3		3 40
41	LC2						41
42	LC1				5		5 42
43	LB2						43
44	LB1				3		3 44
45	CE2						45
46	CE1				5		5 46
47	CD2						47
48	CD1				96		96 48
49	CC2						49
50	CC1				30		30 50
51	CB2						51
52	CB1				8		8 52
53	CA2						53
54	CA1				17		17 54
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1						66
67	BA2						67
68	BA1						68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		25		25 72
73	PC2				73
74	PC1		28		28 74
75	PB2				75
76	PB1		14		14 76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL		6,861		6,861 200

		CBSA	CBSA AT	ON/AFTER
			BEGINNING	OF THE COST
			OF COST	REPORTING
			REPORTING	PERIOD (IF
			PERIOD	APPLICABLE)
			1	2

SNF SERVICES

201 ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY,
 IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN
 EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE). 201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING
 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207:
 ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY
 TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS
 INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED	
		1	2	WITH	
				DIRECT	
				PATIENT	
				CARE AND	
				RELATED	
				EXPENSES?	
				3	
202	STAFFING	1,920,272	32.34%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING	27,911	0.47%	Y	205
206	OTHER (OTHER (STAFF MEETINGS))	6,189	0.10%	Y	206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	5,937,633			207

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)				0.301140	1																																																																																		
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)																																																																																								
2	NET REVENUE FROM MEDICAID				1,411,946	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				44,303,282	6																																																																																		
7	MEDICAID COST (LINE 1 TIMES LINE 6)				13,341,490	7																																																																																		
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				11,929,544	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				92,793	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)				11,929,544	19																																																																																		
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>UNINSURED PATIENTS</th> <th>INSURED PATIENTS</th> <th>TOTAL</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY</td> <td>17,482,469</td> <td>9,602,640</td> <td>27,085,109</td> <td>20</td> </tr> <tr> <td>21</td> <td>COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)</td> <td>5,264,671</td> <td>2,891,739</td> <td>8,156,410</td> <td>21</td> </tr> <tr> <td>22</td> <td>PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE</td> <td>114,692</td> <td>306,612</td> <td>421,304</td> <td>22</td> </tr> <tr> <td>23</td> <td>COST OF CHARITY CARE</td> <td>5,149,979</td> <td>2,585,127</td> <td>7,735,106</td> <td>23</td> </tr> <tr> <td>24</td> <td>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</td> <td></td> <td></td> <td></td> <td>N 24</td> </tr> <tr> <td>25</td> <td>IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td></td> <td>25</td> </tr> <tr> <td>26</td> <td>TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td>5,254,258</td> <td>26</td> </tr> <tr> <td>27</td> <td>MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V</td> <td></td> <td></td> <td>231,592</td> <td>27</td> </tr> <tr> <td>28</td> <td>NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)</td> <td></td> <td></td> <td>5,022,666</td> <td>28</td> </tr> <tr> <td>29</td> <td>COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)</td> <td></td> <td></td> <td>1,512,526</td> <td>29</td> </tr> <tr> <td>30</td> <td>COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)</td> <td></td> <td></td> <td>9,247,632</td> <td>30</td> </tr> <tr> <td>31</td> <td>TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)</td> <td></td> <td></td> <td>21,177,176</td> <td>31</td> </tr> </tbody> </table>								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	17,482,469	9,602,640	27,085,109	20	21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,264,671	2,891,739	8,156,410	21	22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	114,692	306,612	421,304	22	23	COST OF CHARITY CARE	5,149,979	2,585,127	7,735,106	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)			5,254,258	26	27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			231,592	27	28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			5,022,666	28	29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,512,526	29	30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			9,247,632	30	31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			21,177,176	31
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
GENERAL SERVICE COST CENTERS						
1	00100		8,625,661	8,625,661	3,464,309	1
2	00200		5,197,142	5,197,142	519,728	2
3	00300					3
4	00400	955,305	14,109,317	15,064,622	-173,161	4
5	00500	17,193,061	35,733,369	52,926,430	3,223,944	5
6	00600					6
7	00700	1,792,502	9,610,307	11,402,809	-2,437,593	7
8	00800	268,019	225,029	493,048	-9,632	8
9	00900	1,378,427	1,062,309	2,440,736	-22,238	9
10	01000	11,552	3,848,913	3,860,465	550	10
11	01100		404,885	404,885		11
12	01200	273,960	802,935	1,076,895	-53,762	12
13	01300	1,782,021	397,790	2,179,811		13
14	01400	808,080	1,073,896	1,881,976	-76,535	14
15	01500	1,301,236	8,050,106	9,351,342	-7,557,519	15
16	01600	1,593,897	742,343	2,336,240	-65,264	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	10,110,197	1,515,541	11,625,738	-1,607,463	30
31	03100	1,556,996	347,096	1,904,092	-85,772	31
43	04300	677,939	166,477	844,416	1,011,984	43
44	04400	1,920,272	301,733	2,222,005	-35,881	44
45	04500	1,470,591	2,859,419	4,330,010	-1,509,859	45
46	04600					46
ANCILLARY SERVICE COST CENTERS						
50	05000	6,368,049	14,314,942	20,682,991	-11,992,604	50
52	05200	2,172,092	781,633	2,953,725	-384,130	52
54	05400	5,521,451	6,382,360	11,903,811	-1,288,259	54
55	05500	645,260	550,235	1,195,495	-100,109	55
57	05700	447,033	561,678	1,008,711	-79,197	57
58	05800	1,324,943	1,119,424	2,444,367	-257,892	58
59	05900	521,111	1,305,328	1,826,439	-1,219,795	59
60	06000	3,122,443	4,930,001	8,052,444	22,699	60
62.30	06250					62.30
65	06500	745,897	210,765	956,662	-75,868	65
66	06600	3,212,404	484,619	3,697,023	69,524	66
68	06800	993,819	478,503	1,472,322	106,352	68
69	06900	435,588	118,955	554,543	16,832	69
70	07000	230,532	52,046	282,578		70
71	07100				8,597,474	71
72	07200				6,854,991	72
73	07300				7,556,565	73
76.97	07697	381,484	110,624	492,108	-17,654	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	437,025	99,138	536,163	-10,006	90.01
90.02	09002	285,029	552,121	837,150	42,081	90.02
91	09100	10,918,013	2,583,784	13,501,797	-532,748	91
92	09200					92
92.01	09201	53,270	10,380	63,650	-3,330	92.01
OTHER REIMBURSABLE COST CENTERS						
101	10100	2,189,441	1,245,177	3,434,618	46,067	101
SPECIAL PURPOSE COST CENTERS						
118		83,098,939	130,965,981	214,064,920	1,936,829	118
NONREIMBURSABLE COST CENTERS						
190	19000	490,726	639,845	1,130,571	-106,380	190
192	19200	131,513	5,197,701	5,329,214	-1,756,911	192
194	07950	3,756,621	5,665,574	9,422,195	-92,007	194
194.01	07951	1,282,208	334,101	1,616,309	18,469	194.01
200		88,760,007	142,803,202	231,563,209		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	CAP REL COSTS-BLDG & FIXT	12,089,970	-3,464,309	8,625,661	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,716,870	-519,728	5,197,142	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	14,891,461	-679,058	14,212,403	4
5	00500	ADMINISTRATIVE & GENERAL	56,150,374	-6,371,304	49,779,070	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	8,965,216	-1,950	8,963,266	7
8	00800	LAUNDRY & LINEN SERVICE	483,416		483,416	8
9	00900	HOUSEKEEPING	2,418,498		2,418,498	9
10	01000	DIETARY	3,861,015	-615,556	3,245,459	10
11	01100	CAFETERIA	404,885	-291,284	113,601	11
12	01200	MAINTENANCE OF PERSONNEL	1,023,133	-112,680	910,453	12
13	01300	NURSING ADMINISTRATION	2,179,811	-17,486	2,162,325	13
14	01400	CENTRAL SERVICES & SUPPLY	1,805,441	-6,303	1,799,138	14
15	01500	PHARMACY	1,793,823	-4,519	1,789,304	15
16	01600	MEDICAL RECORDS & LIBRARY	2,270,976	-7,109	2,263,867	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	10,018,275	-3,997	10,014,278	30
31	03100	INTENSIVE CARE UNIT	1,818,320		1,818,320	31
43	04300	NURSERY	1,856,400		1,856,400	43
44	04400	SKILLED NURSING FACILITY	2,186,124		2,186,124	44
45	04500	NURSING FACILITY	2,820,151	-2,575	2,817,576	45
46	04600	OTHER LONG TERM CARE				46
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	8,690,387		8,690,387	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,569,595	-182,019	2,387,576	52
54	05400	RADIOLOGY-DIAGNOSTIC	10,615,552	-1,201,443	9,414,109	54
55	05500	RADIOLOGY-THERAPEUTIC	1,095,386	-840	1,094,546	55
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	929,514		929,514	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,186,475		2,186,475	58
59	05900	CARDIAC CATHETERIZATION	606,644		606,644	59
60	06000	LABORATORY	8,075,143	-386,809	7,688,334	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	880,794		880,794	65
66	06600	PHYSICAL THERAPY	3,766,547	-94,231	3,672,316	66
68	06800	SPEECH PATHOLOGY	1,578,674	-5,162	1,573,512	68
69	06900	ELECTROCARDIOLOGY	571,375	-33,300	538,075	69
70	07000	ELECTROENCEPHALOGRAPHY	282,578		282,578	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,597,474		8,597,474	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	6,854,991		6,854,991	72
73	07300	DRUGS CHARGED TO PATIENTS	7,556,565		7,556,565	73
76.97	07697	CARDIAC REHABILITATION	474,454		474,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OP PEDS ONC CLINIC	526,157		526,157	90.01
90.02	09002	WOUND CLINIC	879,231	-1,135	878,096	90.02
91	09100	EMERGENCY	12,969,049	-8,553,023	4,416,026	91
92	09200	OBSERVATION BEDS				92
92.01	09201	OBSERVATION BEDS-DISTINCT	60,320		60,320	92.01
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	3,480,685	-46,148	3,434,537	101
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	216,001,749	-22,601,968	193,399,781	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,024,191	-324,586	699,605	190
192	19200	PHYSICIANS' PRIVATE OFFICES	3,572,303	-3,572,303		192
194	07950	HEALTH & FITNESS CENTER	9,330,188	-9,327,565	2,623	194
194.01	07951	OCCUPATIONAL HEALTH	1,634,778	-18,379	1,616,399	194.01
200		TOTAL (SUM OF LINES 118-199)	231,563,209	-35,844,801	195,718,408	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	2	3	4	5	
1 IMPLANT RECLASS	A	IMPL. DEV. CHARGED TO PATIENT	72		1
2 IMPLANT RECLASS	A				2
3 IMPLANT RECLASS	A				3
4 IMPLANT RECLASS	A				4
5 IMPLANT RECLASS	A				5
6					6
500 TOTAL RECLASSIFICATIONS					6,854,991 500
CODE LETTER - A					
1 MED SUPPLY	B	MEDICAL SUPPLIES CHRGED TO PA	71		1
2 MED SUPPLY	B				2
3 MED SUPPLY	B				3
4 MED SUPPLY	B				4
5 MED SUPPLY	B				5
6 MED SUPPLY	B				6
7 MED SUPPLY	B				7
8 MED SUPPLY	B				8
9 MED SUPPLY	B				9
10 MED SUPPLY	B				10
11 MED SUPPLY	B				11
12 MED SUPPLY	B				12
13 MED SUPPLY	B				13
14 MED SUPPLY	B				14
15 MED SUPPLY	B				15
16 MED SUPPLY	B				16
17 MED SUPPLY	B				17
18 MED SUPPLY	B				18
19 MED SUPPLY	B				19
500 TOTAL RECLASSIFICATIONS					8,597,474 500
CODE LETTER - B					
1 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		1
500 TOTAL RECLASSIFICATIONS					7,556,565 500
CODE LETTER - C					
1 HOUSEKEEPING	D	NURSING FACILITY	45	18,834	1
500 TOTAL RECLASSIFICATIONS				18,834	500
CODE LETTER - D					
1 MANAGEMENT RECLASS	E	ADMINISTRATIVE & GENERAL	5	589,919	1
500 TOTAL RECLASSIFICATIONS				589,919	500
CODE LETTER - E					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 NON-SALARY RECLASS	F	EMPLOYEE BENEFITS	4		99,218	1
2		ADMINISTRATIVE & GENERAL	5		2,239,805	2
3		OPERATION OF PLANT	7		152,654	3
4		LAUNDRY & LINEN SERVICE	8		19,910	4
5		HOUSEKEEPING	9		106,159	5
6		DIETARY	10		2,041	6
7		MAINTENANCE OF PERSONNEL	12		16,253	7
8		NURSING ADMINISTRATION	13		170,410	8
9		CENTRAL SERVICES & SUPPLY	14		64,002	9
10		PHARMACY	15		81,404	10
11		MEDICAL RECORDS & LIBRARY	16		152,441	11
12		ADULTS & PEDIATRICS	30		651,656	12
13		INTENSIVE CARE UNIT	31		79,068	13
14		NURSERY	43		86,528	14
15		SKILLED NURSING FACILITY	44		128,673	15
16		NURSING FACILITY	45		130,524	16
17		OPERATING ROOM	50		605,873	17
18		DELIVERY ROOM & LABOR ROOM	52		190,080	18
19		RADIOLOGY-DIAGNOSTIC	54		524,387	19
20		RADIOLOGY-THERAPEUTIC	55		60,802	20
21		COMPUTED TOMOGRAPHY (CT) SCAN	57		38,709	21
22		MAGNETIC RESONANCE IMAGING (M	58		101,586	22
23		CARDIAC CATHETERIZATION	59		32,376	23
24		LABORATORY	60		275,136	24
25		RESPIRATORY THERAPY	65		84,819	25
26		PHYSICAL THERAPY	66		308,488	26
27		SPEECH PATHOLOGY	68		81,655	27
28		ELECTROCARDIOLOGY	69		29,501	28
29		ELECTROENCEPHALOGRAPHY	70		25,139	29
30		CARDIAC REHABILITATION	76.97		46,079	30
31		OP PEDS ONC CLINIC	90.01		37,160	31
32		WOUND CLINIC	90.02		20,917	32
33		EMERGENCY	91		971,219	33
34		OBSERVATION BEDS-DISTINCT	92.01		4,117	34
35		HOME HEALTH AGENCY	101		174,307	35
36		GIFT, FLOWER, COFFEE SHOP & C	190		47,239	36
37		PHYSICIANS' PRIVATE OFFICES	192		2,105	37
38		HEALTH & FITNESS CENTER	194		86,275	38
39		OCCUPATIONAL HEALTH	194.01		86,012	39
500 TOTAL RECLASSIFICATIONS					8,014,727	500
CODE LETTER - F						
1 MOB	G	ADMINISTRATIVE & GENERAL	5		13,532	262,678 1
2 MOB	G	MEDICAL RECORDS & LIBRARY	16		553	10,902 2
3 MOB	G	OPERATING ROOM	50		649	14,933 3
4 MOB	G	RADIOLOGY-DIAGNOSTIC	54		3,878	87,363 4
5 MOB	G	LABORATORY	60		5,438	81,899 5
6 MOB	G	PHYSICAL THERAPY	66		4,105	88,577 6
7 MOB	G	SPEECH PATHOLOGY	68		8,335	102,920 7
8 MOB	G	WOUND CLINIC	90.02		4,423	101,801 8
9 MOB	G	HOME HEALTH AGENCY	101		1,888	44,179 9
10 MOB	G	OCCUPATIONAL HEALTH	194.01		1,608	37,641 10
11 MOB	G	CAP REL COSTS-BLDG & FIXT	1			464,361 11
12		ELECTROCARDIOLOGY	69		384	25,800 12
500 TOTAL RECLASSIFICATIONS					44,793	1,323,054 500
CODE LETTER - G						
1 NURSERY RECLASS	H	NURSERY	43		933,869	124,754 1
500 TOTAL RECLASSIFICATIONS					933,869	124,754 500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1					1
2 DEPRECIATION RECLASS	I	CAP REL COSTS-BLDG & FIXT	1		1,104,525
3		CAP REL COSTS-MVBLE EQUIP	2		5,716,870
4 DEPRECIATION RECLASS	I	CAP REL COSTS-BLDG & FIXT	1		64,974
5		ADMINISTRATIVE & GENERAL	5		5,197,142
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26 DEPRECIATION RECLASS	I				26
27 DEPRECIATION RECLASS	I				27
28					28
500 TOTAL RECLASSIFICATIONS					12,083,511 500
CODE LETTER -					
1 INTEREST	J	CAP REL COSTS-BLDG & FIXT	1		1,830,449
2					2
3					3
500 TOTAL RECLASSIFICATIONS					1,830,449 500
CODE LETTER - J					
1 REV INTERNAL ALL	K	ADMINISTRATIVE & GENERAL	5		2,214,077
2		DIETARY	10		550
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
500 TOTAL RECLASSIFICATIONS					2,214,627 500
CODE LETTER - K					
GRAND TOTAL (INCREASES)				9,602,142	40,585,425

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 IMPLANT RECLASS	A	CENTRAL SERVICES & SUPPLY	14		1,800	1
2 IMPLANT RECLASS	A	OPERATING ROOM	50		5,919,074	2
3 IMPLANT RECLASS	A	DELIVERY ROOM & LABOR ROOM	52		601	3
4 IMPLANT RECLASS	A	RADIOLOGY-DIAGNOSTIC	54		169,567	4
5 IMPLANT RECLASS	A	MAGNETIC RESONANCE IMAGING (M	58		7,741	5
6		CARDIAC CATHETERIZATION	59		756,208	6
500 TOTAL RECLASSIFICATIONS					6,854,991	500
CODE LETTER - A						
1 MED SUPPLY	B	CENTRAL SERVICES & SUPPLY	14		74,735	1
2 MED SUPPLY	B	ADULTS & PEDIATRICS	30		530,560	2
3 MED SUPPLY	B	INTENSIVE CARE UNIT	31		84,607	3
4 MED SUPPLY	B	NURSERY	43		46,639	4
5 MED SUPPLY	B	SKILLED NURSING FACILITY	44		35,881	5
6 MED SUPPLY	B	OPERATING ROOM	50		5,724,575	6
7 MED SUPPLY	B	DELIVERY ROOM & LABOR ROOM	52		361,844	7
8 MED SUPPLY	B	RADIOLOGY-DIAGNOSTIC	54		413,153	8
9 MED SUPPLY	B	COMPUTED TOMOGRAPHY (CT) SCAN	57		69,553	9
10 MED SUPPLY	B	MAGNETIC RESONANCE IMAGING (M	58		93,886	10
11 MED SUPPLY	B	CARDIAC CATHETERIZATION	59		461,354	11
12 MED SUPPLY	B	RESPIRATORY THERAPY	65		70,488	12
13 MED SUPPLY	B	PHYSICAL THERAPY	66		21,841	13
14 MED SUPPLY	B	SPEECH PATHOLOGY	68		496	14
15 MED SUPPLY	B	OP PEDS ONC CLINIC	90.01		10,006	15
16 MED SUPPLY	B	WOUND CLINIC	90.02		58,997	16
17 MED SUPPLY	B	EMERGENCY	91		521,434	17
18 MED SUPPLY	B	OBSERVATION BEDS-DISTINCT	92.01		3,330	18
19 MED SUPPLY	B	OCCUPATIONAL HEALTH	194.01		14,095	19
500 TOTAL RECLASSIFICATIONS					8,597,474	500
CODE LETTER - B						
1 DRUG RECLASS	C	PHARMACY	15		7,556,565	1
500 TOTAL RECLASSIFICATIONS					7,556,565	500
CODE LETTER - C						
1 HOUSEKEEPING	D	HOUSEKEEPING	9		18,834	1
500 TOTAL RECLASSIFICATIONS					18,834	500
CODE LETTER - D						
1 MANAGEMENT RECLASS	E	ADMINISTRATIVE & GENERAL	5		589,919	1
500 TOTAL RECLASSIFICATIONS					589,919	500
CODE LETTER - E						

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 NON-SALARY RECLASS	F	EMPLOYEE BENEFITS	4		99,218	1
2		ADMINISTRATIVE & GENERAL	5		2,239,805	2
3		OPERATION OF PLANT	7		152,654	3
4		LAUNDRY & LINEN SERVICE	8		19,910	4
5		HOUSEKEEPING	9		106,159	5
6		DIETARY	10		2,041	6
7		MAINTENANCE OF PERSONNEL	12		16,253	7
8		NURSING ADMINISTRATION	13		170,410	8
9		CENTRAL SERVICES & SUPPLY	14		64,002	9
10		PHARMACY	15		81,404	10
11		MEDICAL RECORDS & LIBRARY	16		152,441	11
12		ADULTS & PEDIATRICS	30		651,656	12
13		INTENSIVE CARE UNIT	31		79,068	13
14		NURSERY	43		86,528	14
15		SKILLED NURSING FACILITY	44		128,673	15
16		NURSING FACILITY	45		130,524	16
17		OPERATING ROOM	50		605,873	17
18		DELIVERY ROOM & LABOR ROOM	52		190,080	18
19		RADIOLOGY-DIAGNOSTIC	54		524,387	19
20		RADIOLOGY-THERAPEUTIC	55		60,802	20
21		COMPUTED TOMOGRAPHY (CT) SCAN	57		38,709	21
22		MAGNETIC RESONANCE IMAGING (M	58		101,586	22
23		CARDIAC CATHETERIZATION	59		32,376	23
24		LABORATORY	60		275,136	24
25		RESPIRATORY THERAPY	65		84,819	25
26		PHYSICAL THERAPY	66		308,488	26
27		SPEECH PATHOLOGY	68		81,655	27
28		ELECTROCARDIOLOGY	69		29,501	28
29		ELECTROENCEPHALOGRAPHY	70		25,139	29
30		CARDIAC REHABILITATION	76.97		46,079	30
31		OP PEDS ONC CLINIC	90.01		37,160	31
32		WOUND CLINIC	90.02		20,917	32
33		EMERGENCY	91		971,219	33
34		OBSERVATION BEDS-DISTINCT	92.01		4,117	34
35		HOME HEALTH AGENCY	101		174,307	35
36		GIFT, FLOWER, COFFEE SHOP & C	190		47,239	36
37		PHYSICIANS' PRIVATE OFFICES	192		2,105	37
38		HEALTH & FITNESS CENTER	194		86,275	38
39		OCCUPATIONAL HEALTH	194.01		86,012	39
500 TOTAL RECLASSIFICATIONS					8,014,727	500
CODE LETTER - F						
1 MOB	G	PHYSICIANS' PRIVATE OFFICES	192	44,793	1,323,054	1
2 MOB	G					2
3 MOB	G					3
4 MOB	G					4
5 MOB	G					5
6 MOB	G					6
7 MOB	G					7
8 MOB	G					8
9 MOB	G					9
10 MOB	G					10
11 MOB	G					9 11
12						12
500 TOTAL RECLASSIFICATIONS				44,793	1,323,054	500
CODE LETTER - G						
1 NURSERY RECLASS	H	ADULTS & PEDIATRICS	30	933,869	124,754	1
500 TOTAL RECLASSIFICATIONS				933,869	124,754	500
CODE LETTER - H						

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						1
2 DEPRECIATION RECLASS	I	EMPLOYEE BENEFITS	4		83,797	9 2
3		ADMINISTRATIVE & GENERAL	5		2,591,430	9 3
4 DEPRECIATION RECLASS	I	OPERATION OF PLANT	7		2,437,593	9 4
5		LAUNDRY & LINEN SERVICE	8		9,632	5
6		HOUSEKEEPING	9		3,404	6
7		MAINTENANCE OF PERSONNEL	12		28,250	7
8		PHARMACY	15		954	8
9		MEDICAL RECORDS & LIBRARY	16		76,719	9
10		ADULTS & PEDIATRICS	30		18,165	10
11		INTENSIVE CARE UNIT	31		1,165	11
12		OPERATING ROOM	50		364,537	12
13		DELIVERY ROOM & LABOR ROOM	52		21,685	13
14		RADIOLOGY-DIAGNOSTIC	54		796,780	14
15		RADIOLOGY-THERAPEUTIC	55		100,109	15
16		COMPUTED TOMOGRAPHY (CT) SCAN	57		9,644	16
17		MAGNETIC RESONANCE IMAGING (M	58		156,265	17
18		CARDIAC CATHETERIZATION	59		2,233	18
19		LABORATORY	60		64,638	19
20		RESPIRATORY THERAPY	65		5,380	20
21		PHYSICAL THERAPY	66		1,142	21
22		SPEECH PATHOLOGY	68		4,407	22
23		ELECTROCARDIOLOGY	69		9,352	23
24		CARDIAC REHABILITATION	76.97		17,654	24
25		WOUND CLINIC	90.02		5,146	25
26 DEPRECIATION RECLASS	I	ADMINISTRATIVE & GENERAL	5		64,974	26
27 DEPRECIATION RECLASS	I	CAP REL COSTS-MVBLE EQUIP	2		5,197,142	9 27
28		EMERGENCY	91		11,314	28
500 TOTAL RECLASSIFICATIONS CODE LETTER -					12,083,511	500
1 INTEREST	J	EMPLOYEE BENEFITS	4		9,412	9 1
2		ADMINISTRATIVE & GENERAL	5		1,807,081	2
3		MAINTENANCE OF PERSONNEL	12		13,956	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					1,830,449	500
1 REV INTERNAL ALL	K	EMPLOYEE BENEFITS	4		79,952	1
2						2
3		MAINTENANCE OF PERSONNEL	12		11,556	3
4		ADULTS & PEDIATRICS	30		115	4
5		NURSING FACILITY	45		1,528,693	5
6		PHYSICAL THERAPY	66		175	6
7		GIFT, FLOWER, COFFEE SHOP & C	190		106,380	7
8		PHYSICIANS' PRIVATE OFFICES	192		389,064	8
9		HEALTH & FITNESS CENTER	194		92,007	9
10		OCCUPATIONAL HEALTH	194.01		6,685	10
500 TOTAL RECLASSIFICATIONS CODE LETTER - K GRAND TOTAL (DECREASES)				978,662	49,208,905	500

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	50,650,000	1,479,000		1,479,000		52,129,000	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	111,441,264	45,352,458		45,352,458		156,793,722	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	42,780,761				10,642,079	32,138,682	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	204,872,025	46,831,458		46,831,458	10,642,079	241,061,404	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	204,872,025	46,831,458		46,831,458	10,642,079	241,061,404	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	8,625,661						8,625,661 1
2 CAP REL COSTS-MVBLE EQUIP	5,197,142						5,197,142 2
3 TOTAL (SUM OF LINES 1-2)	13,822,803						13,822,803 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
			(SUM OF COLS. 5-7) 8						
1 CAP REL COSTS-BLDG & FIXT	208,922,722		208,922,722	0.866678					1
2 CAP REL COSTS-MVBLE EQUIP	32,138,682		32,138,682	0.133322					2
3 TOTAL (SUM OF LINES 1-2)	241,061,404		241,061,404	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	8,625,661						8,625,661 1
2 CAP REL COSTS-MVBLE EQUIP	5,197,142						5,197,142 2
3 TOTAL	13,822,803						13,822,803 3

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)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-10,221,808			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					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					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					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			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	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 DIETARY GUEST TRAYS	B	-13,641	DIETARY	10	33
33.01 DIETARY GUEST TRAYS	B	-318	PHYSICAL THERAPY	66	33.01
33.02 DIET CONSULT REVIEW	B	-140,271	DIETARY	10	33.02
33.03 OTHER FOOD SERVICE	B	-447,259	DIETARY	10	33.03
33.04 OTHER FOOD SERVICE	B	-291,284	CAFETERIA	11	33.04
33.05 CATERING CASH RECEIPTS	B	-15,177	HEALTH & FITNESS CENTER	194	33.05
34 BUILDING RENT NON NMFF/NU	B	-3,000	MAINTENANCE OF PERSONNEL	12	34
34.01 BUILDING RENT NON NMFF/NU	B	-9,519	RADIOLOGY-DIAGNOSTIC	54	34.01
34.02 BUILDING RENT NON NMFF/NU	B	-5,648,422	PHYSICIANS' PRIVATE OFFICES	192	34.02
34.03 BUILDING RENT NON NMFF/NU	B	-334,222	HEALTH & FITNESS CENTER	194	34.03
34.04 BUILDING RENT NON NMFF/NU	B	-109,937	PHYSICIANS' PRIVATE OFFICES	192	34.04
34.05 APARTMENT RENT	B	-450	ADMINISTRATIVE & GENERAL	5	34.05
34.06 APARTMENT RENT	B	-98,283	MAINTENANCE OF PERSONNEL	12	34.06
35 SHARED SERVICES INCOME	B	-441,183	ADMINISTRATIVE & GENERAL	5	35
35.01 SHARED SERVICES INCOME	B	-1,112	DIETARY	10	35.01
36 DOCTORS PAGER RENTAL	B	-63,953	ADMINISTRATIVE & GENERAL	5	36
37 OTHER OP INCOME	B	-5,700	EMPLOYEE BENEFITS	4	37
37.01 OTHER OP INCOME	B	-197,449	ADMINISTRATIVE & GENERAL	5	37.01
37.02 OTHER OP INCOME	B	-1,950	OPERATION OF PLANT	7	37.02
37.03 OTHER OP INCOME	B	-13,273	DIETARY	10	37.03
37.04 OTHER OP INCOME	B	-191	NURSING ADMINISTRATION	13	37.04
37.05 OTHER OP INCOME	B	-4,519	PHARMACY	15	37.05
37.06 OTHER OP INCOME	B	-7,109	MEDICAL RECORDS & LIBRARY	16	37.06
37.07 OTHER OP INCOME	B	-3,997	ADULTS & PEDIATRICS	30	37.07
37.08 OTHER OP INCOME	B	-1,658	PHYSICAL THERAPY	66	37.08
37.09 OTHER OP INCOME	B	-123,346	DELIVERY ROOM & LABOR ROOM	52	37.09
37.10 OTHER OP INCOME	B	-1,507	RADIOLOGY-DIAGNOSTIC	54	37.10
37.11 OTHER OP INCOME	B	-840	RADIOLOGY-THERAPEUTIC	55	37.11
37.12 OTHER OP INCOME	B	-744	LABORATORY	60	37.12

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
37.13 OTHER OP INCOME	B	-7,838	PHYSICAL THERAPY	66	37.13
37.14 OTHER OP INCOME	B	-5,162	SPEECH PATHOLOGY	68	37.14
37.15 OTHER OP INCOME	B	-1,135	WOUND CLINIC	90.02	37.15
37.16 OTHER OP INCOME	B	-1,225	EMERGENCY	91	37.16
37.17 OTHER OP INCOME	B	-194,830	GIFT, FLOWER, COFFEE SHOP & CAN	190	37.17
37.18 OTHER OP INCOME	B	-7,980	PHYSICIANS' PRIVATE OFFICES	192	37.18
37.19 OTHER OP INCOME	B	-632,643	HEALTH & FITNESS CENTER	194	37.19
37.20 OTHER OP INCOME	B	-18,379	OCCUPATIONAL HEALTH	194.01	37.20
37.21 OTHER OP INCOME	B	-129,756	GIFT, FLOWER, COFFEE SHOP & CAN	190	37.21
37.22 ADJ OTHER INCOME SO > 0	B	2,933,227	PHYSICIANS' PRIVATE OFFICES	192	37.22
38 HOME CARE EQUIP	B	-336	ADMINISTRATIVE & GENERAL	5	38
39 JOINT VENTURE INCOME	B	-318,773	ADMINISTRATIVE & GENERAL	5	39
40 HFI	B	-88,519	ADMINISTRATIVE & GENERAL	5	40
40.01 HFI	B	-8,027,723	HEALTH & FITNESS CENTER	194	40.01
41 DEARHAVEN OFFSET	A	-635,496	EMPLOYEE BENEFITS	4	41
42 REAL ESTATE TAXES	A	-31,795	EMPLOYEE BENEFITS	4	42
42.01 REAL ESTATE TAXES	A	-262,478	HEALTH & FITNESS CENTER	194	42.01
42.02 REAL ESTATE TAXES	A	-11,397	MAINTENANCE OF PERSONNEL	12	42.02
42.03 REAL ESTATE TAXES	A	-739,191	PHYSICIANS' PRIVATE OFFICES	192	42.03
43					43
44 DEPREC ADJ TO MEDICARE BLDG	A	-3,212,689	CAP REL COSTS-BLDG & FIXT	1	9 44
44.01 DEPREC ADJ TO MEDICARE EQUIP	A	-519,728	CAP REL COSTS-MVBLE EQUIP	2	9 44.01
44.02 MEDICARE ADJ FOR MOBS	A	-251,620	CAP REL COSTS-BLDG & FIXT	1	9 44.02
45 MISC UNALLOWABLE EXP	A	-162,371	ADMINISTRATIVE & GENERAL	5	45
45.01 MISC UNALLOWABLE EXP	A	-23,850	HEALTH & FITNESS CENTER	194	45.01
46 BAD DEBT OFFSET	A	-5,264	EMPLOYEE BENEFITS	4	46
46.01 BAD DEBT OFFSET	A	-3,693,402	ADMINISTRATIVE & GENERAL	5	46.01
46.02 BAD DEBT OFFSET	A	-46,148	HOME HEALTH AGENCY	101	46.02
46.03 BAD DEBT OFFSET	A	-92,871	LABORATORY	60	46.03
46.04 BAD DEBT OFFSET	A	-1,179,737	RADIOLOGY-DIAGNOSTIC	54	46.04
46.05 BAD DEBT OFFSET	A	-31,472	HEALTH & FITNESS CENTER	194	46.05
46.06 BAD DEBT OFFSET	A	-242,098	EMERGENCY	91	46.06
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-35,844,801			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	5	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES NMHC	1,036,628	1,036,628	1
2	5	ADMINISTRATIVE & GENERAL	VARIOUS NMHC	471,112	471,112	2
3	5	ADMINISTRATIVE & GENERAL	VARIOUS NMH	1,052,027	1,052,027	3
4	14	CENTRAL SERVICES & SUPPLY	VARIOUS NMH	108,000	108,000	4
4.01	15	PHARMACY	VARIOUS NMH	146,536	146,536	4.01
4.02	60	LABORATORY	VARIOUS NMH	25,416	25,416	4.02
4.03	5	ADMINISTRATIVE & GENERAL	VARIOUS NMFG	428,726	428,726	4.03
5		TOTALS (SUM OF LINES 1-4)		3,268,445	3,268,445	5
		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 -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
6	B	100.00	NM HEALTHCARE		HEALTHCARE	6	
7	B		NM HOSPITAL		HEALTHCARE	7	
8	B		NM PHYSICIANSGROUP		HEALTHCARE	8	
9	B		NM INSURANCE CO		HEALTHCARE	9	
10						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	4 EMPLOYEE BENEFITS	803	803		177,200			1
2	5 ADMINISTRATIVE & GENERAL	1,404,868	1,404,868		177,200			2
3	13 NURSING ADMINISTRATION	17,295	17,295		177,200			3
4	14 CENTRAL SERVICES & SUPPL	6,303	6,303		177,200			4
5	45 NURSING FACILITY	2,575	2,575		177,200			5
6	52 DELIVERY ROOM & LABOR RO	58,673	58,673		196,400			6
7	54 RADIOLOGY-DIAGNOSTIC	10,680	10,680		215,700			7
8	60 LABORATORY	293,194	293,194		215,700			8
9	66 PHYSICAL THERAPY	84,417	84,417		165,600			9
10	69 ELECTROCARDIOLOGY	33,300	33,300		177,200			10
11	91 EMERGENCY	8,424,880	8,143,550	281,330	177,200	1,352	115,180	5,759
200	TOTAL	10,336,988	10,055,658	281,330		1,352	115,180	5,759

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 16:26

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	4	EMPLOYEE BENEFITS	AGGREGATE					803	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE					1,404,868	2
3	13	NURSING ADMINISTRATION	AGGREGATE					17,295	3
4	14	CENTRAL SERVICES & SUPPL	AGGREGATE					6,303	4
5	45	NURSING FACILITY	AGGREGATE					2,575	5
6	52	DELIVERY ROOM & LABOR RO	AGGREGATE					58,673	6
7	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE					10,680	7
8	60	LABORATORY	AGGREGATE					293,194	8
9	66	PHYSICAL THERAPY	AGGREGATE					84,417	9
10	69	ELECTROCARDIOLOGY	AGGREGATE					33,300	10
11	91	EMERGENCY	AGGREGATE			115,180	166,150	8,309,700	11
200		TOTAL				115,180	166,150	10,221,808	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,625,661	8,625,661				1
2 CAP REL COSTS-MVBLE EQUIP	5,197,142		5,197,142			2
4 EMPLOYEE BENEFITS	14,212,403	58,543		14,270,946		4
5 ADMINISTRATIVE & GENERAL	49,779,070	1,309,729	1,161,910	2,971,060	55,221,769	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,963,266	1,187,130	82,241	288,437	10,521,074	7
8 LAUNDRY & LINEN SERVICE	483,416	115,659	6,983	42,696	648,754	8
9 HOUSEKEEPING	2,418,498	2,485	5,922	220,142	2,647,047	9
10 DIETARY	3,245,459	307,555		2,016	3,555,030	10
11 CAFETERIA	113,601				113,601	11
12 MAINTENANCE OF PERSONNEL	910,453	178,164		43,034	1,131,651	12
13 NURSING ADMINISTRATION	2,162,325			289,516	2,451,841	13
14 CENTRAL SERVICES & SUPPLY	1,799,138	277,410		129,317	2,205,865	14
15 PHARMACY	1,789,304	55,098	4,120	205,025	2,053,547	15
16 MEDICAL RECORDS & LIBRARY	2,263,867	61,865	80,177	259,038	2,664,947	16
17 SOCIAL SERVICE						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	10,014,278	1,070,684	19,509	1,457,343	12,561,814	30
31 INTENSIVE CARE UNIT	1,818,320	142,753	2,027	242,700	2,205,800	31
43 NURSERY	1,856,400	98,778		251,838	2,207,016	43
44 SKILLED NURSING FACILITY	2,186,124	451,612		303,828	2,941,564	44
45 NURSING FACILITY	2,817,576	486,285		240,214	3,544,075	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,690,387	830,925	902,662	1,034,128	11,458,102	50
52 DELIVERY ROOM & LABOR ROOM	2,387,576	125,084	36,138	350,275	2,899,073	52
54 RADIOLOGY-DIAGNOSTIC	9,414,109	490,838	1,824,035	897,082	12,626,064	54
55 RADIOLOGY-THERAPEUTIC	1,094,546	157,296	443,194	104,698	1,799,734	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	929,514		18,217	72,028	1,019,759	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,186,475	44,369	373,960	211,533	2,816,337	58
59 CARDIAC CATHETERIZATION	606,644	14,002	21,248	82,074	723,968	59
60 LABORATORY	7,688,334	212,985	111,761	504,616	8,517,696	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	880,794	8,244	16,889	123,183	1,029,110	65
66 PHYSICAL THERAPY	3,672,316	388,147	2,037	522,704	4,585,204	66
68 SPEECH PATHOLOGY	1,573,512		6,933	160,713	1,741,158	68
69 ELECTROCARDIOLOGY	538,075		13,331	69,023	620,429	69
70 ELECTROENCEPHALOGRAPHY	282,578	27,266		37,912	347,756	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,597,474				8,597,474	71
72 IMPL. DEV. CHARGED TO PATIENT	6,854,991				6,854,991	72
73 DRUGS CHARGED TO PATIENTS	7,556,565				7,556,565	73
76.97 CARDIAC REHABILITATION	474,454	34,206	30,333	63,401	602,394	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	526,157	42,252		70,315	638,724	90.01
90.02 WOUND CLINIC	878,096		8,596	46,023	932,715	90.02
91 EMERGENCY	4,416,026	321,336	23,282	1,762,995	6,523,639	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	60,320		1,637	8,510	70,467	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,434,537			350,788	3,785,325	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	193,399,781	8,500,700	5,197,142	13,418,205	192,422,079	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	699,605	23,452		79,772	802,829	190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER	2,623			569,844	572,467	194
194.01 OCCUPATIONAL HEALTH	1,616,399	101,509		203,125	1,921,033	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	195,718,408	8,625,661	5,197,142	14,270,946	195,718,408	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	55,221,769					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,135,277	14,656,351				7
8 LAUNDRY & LINEN SERVICE	254,991	279,253	1,182,998			8
9 HOUSEKEEPING	1,040,414	6,001	591,497	4,284,959		9
10 DIETARY	1,397,294	742,577		64,924	5,759,825	10
11 CAFETERIA	44,651			17,313		11
12 MAINTENANCE OF PERSONNEL	444,792	430,169		8,656		12
13 NURSING ADMINISTRATION	963,689					13
14 CENTRAL SERVICES & SUPPLY	867,009	669,792		43,282		14
15 PHARMACY	807,140	133,032		25,969		15
16 MEDICAL RECORDS & LIBRARY	1,047,449	149,371		95,221		16
17 SOCIAL SERVICE						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	4,937,383	2,585,116	323,509	2,432,474	2,891,363	30
31 INTENSIVE CARE UNIT	866,983	344,670	35,814	194,771	263,657	31
43 NURSERY	867,461	238,494	82,097	60,595		43
44 SKILLED NURSING FACILITY	1,156,173	1,090,396	8,712	138,504	2,604,805	44
45 NURSING FACILITY	1,392,988	1,174,112	52,794			45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,503,573	2,006,228	20,211	450,137		50
52 DELIVERY ROOM & LABOR ROOM	1,139,472	302,010	24,396			52
54 RADIOLOGY-DIAGNOSTIC	4,962,621	1,185,104		103,878		54
55 RADIOLOGY-THERAPEUTIC	707,380	379,785				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	400,813					57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,106,953	107,126				58
59 CARDIAC CATHETERIZATION	284,553	33,807				59
60 LABORATORY	3,347,855	514,242		129,847		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	404,489	19,904		38,954		65
66 PHYSICAL THERAPY	1,802,201	937,163	5,014	47,611		66
68 SPEECH PATHOLOGY	684,357					68
69 ELECTROCARDIOLOGY	243,858					69
70 ELECTROENCEPHALOGRAPHY	136,684	65,833				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,379,211					71
72 IMPL. DEV. CHARGED TO PATIENT	2,694,334					72
73 DRUGS CHARGED TO PATIENTS	2,970,085					73
76.97 CARDIAC REHABILITATION	236,769	82,588	2,436			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	251,049	102,017		203,427		90.01
90.02 WOUND CLINIC	366,601					90.02
91 EMERGENCY	2,564,097	775,849	36,518	168,801		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	27,697					92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,487,811			25,969		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	53,926,157	14,354,639	1,182,998	4,250,333	5,759,825	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	315,550	56,623		34,626		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER	225,006					194
194.01 OCCUPATIONAL HEALTH	755,056	245,089				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	55,221,769	14,656,351	1,182,998	4,284,959	5,759,825	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11	12	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	175,565					11
12 MAINTENANCE OF PERSONNEL		2,015,268				12
13 NURSING ADMINISTRATION			3,415,530			13
14 CENTRAL SERVICES & SUPPLY				3,785,948		14
15 PHARMACY					3,019,688	15
16 MEDICAL RECORDS & LIBRARY				122		16
17 SOCIAL SERVICE						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	88,131	732,825	1,188,073	4,560	169,890	30
31 INTENSIVE CARE UNIT	8,037		195,631	50	41,483	31
43 NURSERY			104,345		15,794	43
44 SKILLED NURSING FACILITY	79,397				7,649	44
45 NURSING FACILITY				85,318	7,359	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			855,946	91,045	1,122,936	50
52 DELIVERY ROOM & LABOR ROOM			263,141	3,134	112,121	52
54 RADIOLOGY-DIAGNOSTIC			44,719	552,623	698,949	54
55 RADIOLOGY-THERAPEUTIC				30,900	8,050	55
57 COMPUTED TOMOGRAPHY (CT) SCAN				71,337	217	57
58 MAGNETIC RESONANCE IMAGING (MRI)				109,192	151,718	58
59 CARDIAC CATHETERIZATION			40,777	97	56,380	59
60 LABORATORY		183,206		2,347,275	1,312	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				7,971	2,600	65
66 PHYSICAL THERAPY		183,206	12,073	1,558	686	66
68 SPEECH PATHOLOGY			123	323,283	559	68
69 ELECTROCARDIOLOGY				20,926	10,129	69
70 ELECTROENCEPHALOGRAPHY				13,475		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION			47,060	17,140	59	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC			31,907	21,552	37,447	90.01
90.02 WOUND CLINIC			11,703	11,259	15,827	90.02
91 EMERGENCY		366,412	605,618	403	343,816	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			14,414		491	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY				41,960	1,159	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	175,565	1,465,649	3,415,530	3,755,180	2,806,631	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				5,486	41	190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER				25,248		194
194.01 OCCUPATIONAL HEALTH		549,619		34	213,016	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	175,565	2,015,268	3,415,530	3,785,948	3,019,688	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
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	3,957,110				16
17 SOCIAL SERVICE					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	267,760	28,182,898		28,182,898	30
31 INTENSIVE CARE UNIT	44,248	4,201,144		4,201,144	31
43 NURSERY	30,670	3,606,472		3,606,472	43
44 SKILLED NURSING FACILITY	36,285	8,063,485		8,063,485	44
45 NURSING FACILITY	20,137	6,276,783		6,276,783	45
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	372,578	20,880,756		20,880,756	50
52 DELIVERY ROOM & LABOR ROOM	61,860	4,805,207		4,805,207	52
54 RADIOLOGY-DIAGNOSTIC	569,650	20,743,608		20,743,608	54
55 RADIOLOGY-THERAPEUTIC	125,384	3,051,233		3,051,233	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	203,984	1,696,110		1,696,110	57
58 MAGNETIC RESONANCE IMAGING (MRI)	325,031	4,616,357		4,616,357	58
59 CARDIAC CATHETERIZATION	39,859	1,179,441		1,179,441	59
60 LABORATORY	532,369	15,573,802		15,573,802	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	33,548	1,536,576		1,536,576	65
66 PHYSICAL THERAPY	98,682	7,673,398		7,673,398	66
68 SPEECH PATHOLOGY	30,958	2,780,438		2,780,438	68
69 ELECTROCARDIOLOGY	110,181	1,005,523		1,005,523	69
70 ELECTROENCEPHALOGRAPHY	8,615	572,363		572,363	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	202,510	12,179,195		12,179,195	71
72 IMPL. DEV. CHARGED TO PATIENT	102,413	9,651,738		9,651,738	72
73 DRUGS CHARGED TO PATIENTS	246,397	10,773,047		10,773,047	73
76.97 CARDIAC REHABILITATION	9,936	998,382		998,382	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OP PEDS ONC CLINIC	18,085	1,304,208		1,304,208	90.01
90.02 WOUND CLINIC	17,855	1,355,960		1,355,960	90.02
91 EMERGENCY	437,473	11,822,626		11,822,626	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	10,642	123,711		123,711	92.01
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		5,342,224		5,342,224	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	3,957,110	189,996,685		189,996,685	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,215,155		1,215,155	190
192 PHYSICIANS' PRIVATE OFFICES					192
194 HEALTH & FITNESS CENTER		822,721		822,721	194
194.01 OCCUPATIONAL HEALTH		3,683,847		3,683,847	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,957,110	195,718,408		195,718,408	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		58,543		58,543	58,543	4
5 ADMINISTRATIVE & GENERAL		1,309,729	1,161,910	2,471,639	12,213	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,187,130	82,241	1,269,371	1,183	7
8 LAUNDRY & LINEN SERVICE		115,659	6,983	122,642	175	8
9 HOUSEKEEPING		2,485	5,922	8,407	903	9
10 DIETARY		307,555		307,555	8	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL		178,164		178,164	176	12
13 NURSING ADMINISTRATION					1,187	13
14 CENTRAL SERVICES & SUPPLY		277,410		277,410	530	14
15 PHARMACY		55,098	4,120	59,218	841	15
16 MEDICAL RECORDS & LIBRARY		61,865	80,177	142,042	1,062	16
17 SOCIAL SERVICE						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		1,070,684	19,509	1,090,193	5,975	30
31 INTENSIVE CARE UNIT		142,753	2,027	144,780	995	31
43 NURSERY		98,778		98,778	1,033	43
44 SKILLED NURSING FACILITY		451,612		451,612	1,246	44
45 NURSING FACILITY		486,285		486,285	985	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		830,925	902,662	1,733,587	4,240	50
52 DELIVERY ROOM & LABOR ROOM		125,084	36,138	161,222	1,436	52
54 RADIOLOGY-DIAGNOSTIC		490,838	1,824,035	2,314,873	3,678	54
55 RADIOLOGY-THERAPEUTIC		157,296	443,194	600,490	429	55
57 COMPUTED TOMOGRAPHY (CT) SCAN			18,217	18,217	295	57
58 MAGNETIC RESONANCE IMAGING (MRI)		44,369	373,960	418,329	867	58
59 CARDIAC CATHETERIZATION		14,002	21,248	35,250	337	59
60 LABORATORY		212,985	111,761	324,746	2,069	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,244	16,889	25,133	505	65
66 PHYSICAL THERAPY		388,147	2,037	390,184	2,143	66
68 SPEECH PATHOLOGY			6,933	6,933	659	68
69 ELECTROCARDIOLOGY			13,331	13,331	283	69
70 ELECTROENCEPHALOGRAPHY		27,266		27,266	155	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		34,206	30,333	64,539	260	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC		42,252		42,252	288	90.01
90.02 WOUND CLINIC			8,596	8,596	189	90.02
91 EMERGENCY		321,336	23,282	344,618	7,229	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			1,637	1,637	35	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					1,438	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		8,500,700	5,197,142	13,697,842	55,047	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		23,452		23,452	327	190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER					2,336	194
194.01 OCCUPATIONAL HEALTH		101,509		101,509	833	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		8,625,661	5,197,142	13,822,803	58,543	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	2,483,852					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	186,002	1,456,556				7
8 LAUNDRY & LINEN SERVICE	11,469	27,752	162,038			8
9 HOUSEKEEPING	46,797	596	81,019	137,722		9
10 DIETARY	62,849	73,798		2,087	446,297	10
11 CAFETERIA	2,008			556		11
12 MAINTENANCE OF PERSONNEL	20,006	42,750		278		12
13 NURSING ADMINISTRATION	43,346					13
14 CENTRAL SERVICES & SUPPLY	38,997	66,564		1,391		14
15 PHARMACY	36,305	13,221		835		15
16 MEDICAL RECORDS & LIBRARY	47,114	14,845		3,060		16
17 SOCIAL SERVICE						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	222,080	256,912	44,312	78,182	224,036	30
31 INTENSIVE CARE UNIT	38,996	34,253	4,905	6,260	20,429	31
43 NURSERY	39,018	23,702	11,245	1,948		43
44 SKILLED NURSING FACILITY	52,004	108,364	1,193	4,452	201,832	44
45 NURSING FACILITY	62,656	116,684	7,231			45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	202,568	199,380	2,768	14,468		50
52 DELIVERY ROOM & LABOR ROOM	51,253	30,014	3,342			52
54 RADIOLOGY-DIAGNOSTIC	223,229	117,776		3,339		54
55 RADIOLOGY-THERAPEUTIC	31,817	37,743				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,028					57
58 MAGNETIC RESONANCE IMAGING (MRI)	49,790	10,646				58
59 CARDIAC CATHETERIZATION	12,799	3,360				59
60 LABORATORY	150,584	51,106		4,173		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	18,194	1,978		1,252		65
66 PHYSICAL THERAPY	81,062	93,136	687	1,530		66
68 SPEECH PATHOLOGY	30,782					68
69 ELECTROCARDIOLOGY	10,969					69
70 ELECTROENCEPHALOGRAPHY	6,148	6,542				70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	151,995					71
72 IMPL. DEV. CHARGED TO PATIENT	121,189					72
73 DRUGS CHARGED TO PATIENTS	133,593					73
76.97 CARDIAC REHABILITATION	10,650	8,208	334			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	11,292	10,138		6,538		90.01
90.02 WOUND CLINIC	16,489					90.02
91 EMERGENCY	115,331	77,104	5,002	5,425		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,246					92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	66,921			835		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,425,576	1,426,572	162,038	136,609	446,297	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,193	5,627		1,113		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER	10,121					194
194.01 OCCUPATIONAL HEALTH	33,962	24,357				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,483,852	1,456,556	162,038	137,722	446,297	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11	12	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,564					11
12 MAINTENANCE OF PERSONNEL		241,374				12
13 NURSING ADMINISTRATION			44,533			13
14 CENTRAL SERVICES & SUPPLY				384,892		14
15 PHARMACY					110,420	15
16 MEDICAL RECORDS & LIBRARY				12		16
17 SOCIAL SERVICE						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	1,287	87,773	15,490	463	6,210	30
31 INTENSIVE CARE UNIT	117		2,551	5	1,516	31
43 NURSERY			1,360		577	43
44 SKILLED NURSING FACILITY	1,160				280	44
45 NURSING FACILITY				8,670	269	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			11,160	9,252	41,085	50
52 DELIVERY ROOM & LABOR ROOM			3,431	318	4,099	52
54 RADIOLOGY-DIAGNOSTIC			583	56,156	25,550	54
55 RADIOLOGY-THERAPEUTIC				3,140	294	55
57 COMPUTED TOMOGRAPHY (CT) SCAN				7,249	8	57
58 MAGNETIC RESONANCE IMAGING (MRI)				11,096	5,546	58
59 CARDIAC CATHETERIZATION			532	10	2,061	59
60 LABORATORY		21,943		238,699	48	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				810	95	65
66 PHYSICAL THERAPY		21,943	157	158	25	66
68 SPEECH PATHOLOGY			2	32,851	20	68
69 ELECTROCARDIOLOGY				2,126	370	69
70 ELECTROENCEPHALOGRAPHY				1,369		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION			614	1,742	2	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC			416	2,190	1,369	90.01
90.02 WOUND CLINIC			153	1,144	579	90.02
91 EMERGENCY		43,886	7,896	41	12,568	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			188		18	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY				4,264	42	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,564	175,545	44,533	381,765	102,631	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				558	2	190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER				2,566		194
194.01 OCCUPATIONAL HEALTH		65,829		3	7,787	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,564	241,374	44,533	384,892	110,420	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
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	208,135				16
17 SOCIAL SERVICE					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	14,065	2,046,978		2,046,978	30
31 INTENSIVE CARE UNIT	2,324	257,131		257,131	31
43 NURSERY	1,611	179,272		179,272	43
44 SKILLED NURSING FACILITY	1,906	824,049		824,049	44
45 NURSING FACILITY	1,058	683,838		683,838	45
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	19,571	2,238,079		2,238,079	50
52 DELIVERY ROOM & LABOR ROOM	3,249	258,364		258,364	52
54 RADIOLOGY-DIAGNOSTIC	30,197	2,775,381		2,775,381	54
55 RADIOLOGY-THERAPEUTIC	6,586	680,499		680,499	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,715	54,512		54,512	57
58 MAGNETIC RESONANCE IMAGING (MRI)	17,073	513,347		513,347	58
59 CARDIAC CATHETERIZATION	2,094	56,443		56,443	59
60 LABORATORY	27,964	821,332		821,332	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,762	49,729		49,729	65
66 PHYSICAL THERAPY	5,184	596,209		596,209	66
68 SPEECH PATHOLOGY	1,626	72,873		72,873	68
69 ELECTROCARDIOLOGY	5,788	32,867		32,867	69
70 ELECTROENCEPHALOGRAPHY	453	41,933		41,933	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	10,637	162,632		162,632	71
72 IMPL. DEV. CHARGED TO PATIENT	5,380	126,569		126,569	72
73 DRUGS CHARGED TO PATIENTS	12,943	146,536		146,536	73
76.97 CARDIAC REHABILITATION	522	86,871		86,871	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OP PEDS ONC CLINIC	950	75,433		75,433	90.01
90.02 WOUND CLINIC	938	28,088		28,088	90.02
91 EMERGENCY	22,980	642,080		642,080	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	559	3,683		3,683	92.01
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		73,500		73,500	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	208,135	13,528,228		13,528,228	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		45,272		45,272	190
192 PHYSICIANS' PRIVATE OFFICES					192
194 HEALTH & FITNESS CENTER		15,023		15,023	194
194.01 OCCUPATIONAL HEALTH		234,280		234,280	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	208,135	13,822,803		13,822,803	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	350,518					1
2 CAP REL COSTS-MVBLE EQUIP		512,054,062				2
4 EMPLOYEE BENEFITS	2,379		96,240,139			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	53,223	114,473,934	20,036,317	-55,221,769	140,496,639	5
7 OPERATION OF PLANT	48,241	8,102,514	1,945,156		10,521,074	7
8 LAUNDRY & LINEN SERVICE	4,700	687,958	287,929		648,754	8
9 HOUSEKEEPING	101	583,463	1,484,586		2,647,047	9
10 DIETARY	12,498		13,593		3,555,030	10
11 CAFETERIA					113,601	11
12 MAINTENANCE OF PERSONNEL	7,240		290,213		1,131,651	12
13 NURSING ADMINISTRATION			1,952,431		2,451,841	13
14 CENTRAL SERVICES & SUPPLY	11,273		872,082		2,205,865	14
15 PHARMACY	2,239	405,937	1,382,640		2,053,547	15
16 MEDICAL RECORDS & LIBRARY	2,514	7,899,241	1,746,891		2,664,947	16
17 SOCIAL SERVICE						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	43,509	1,922,113	9,827,984		12,561,814	30
31 INTENSIVE CARE UNIT	5,801	199,734	1,636,713		2,205,800	31
43 NURSERY	4,014		1,698,336		2,207,016	43
44 SKILLED NURSING FACILITY	18,352		2,048,945		2,941,564	44
45 NURSING FACILITY	19,761		1,619,949		3,544,075	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,766	88,932,192	6,973,922		11,458,102	50
52 DELIVERY ROOM & LABOR ROOM	5,083	3,560,351	2,362,172		2,899,073	52
54 RADIOLOGY-DIAGNOSTIC	19,946	179,728,295	6,049,716		12,626,064	54
55 RADIOLOGY-THERAPEUTIC	6,392	43,664,398	706,062		1,799,734	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,794,750	485,742		1,019,759	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,803	36,843,357	1,426,529		2,816,337	58
59 CARDIAC CATHETERIZATION	569	2,093,357	553,487		723,968	59
60 LABORATORY	8,655	11,010,901	3,403,017		8,517,696	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	335	1,663,969	830,716		1,029,110	65
66 PHYSICAL THERAPY	15,773	200,735	3,524,997		4,585,204	66
68 SPEECH PATHOLOGY		683,042	1,083,809		1,741,158	68
69 ELECTROCARDIOLOGY		1,313,352	465,473		620,429	69
70 ELECTROENCEPHALOGRAPHY	1,108		255,671		347,756	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					8,597,474	71
72 IMPL. DEV. CHARGED TO PATIENT					6,854,991	72
73 DRUGS CHARGED TO PATIENTS					7,556,565	73
76.97 CARDIAC REHABILITATION	1,390	2,988,506	427,563		602,394	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	1,717		474,185		638,724	90.01
90.02 WOUND CLINIC		846,942	310,369		932,715	90.02
91 EMERGENCY	13,058	2,293,751	11,889,232		6,523,639	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		161,270	57,387		70,467	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			2,365,636		3,785,325	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	345,440	512,054,062	90,489,450	-55,221,769	137,200,310	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	953		537,965		802,829	190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER			3,842,896		572,467	194
194.01 OCCUPATIONAL HEALTH	4,125		1,369,828		1,921,033	194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,625,661	5,197,142	14,270,946		55,221,769	202
203	UNIT COST MULT-WS B PT I	24.608325	0.010150	0.148285		0.393047	203
204	COST TO BE ALLOC PER B PT II			58,543		2,483,852	204
205	UNIT COST MULT-WS B PT II			0.000608		0.017679	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	HOURS OF	MEALS	MEALS	
	FEET	POUNDS OF	SERVICE	SERVED	SERVED	
	7	LAUNDRY	9	10	11	
		8				
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	246,675					7
8 LAUNDRY & LINEN SERVICE	4,700	3,144,224				8
9 HOUSEKEEPING	101	1,572,112	990			9
10 DIETARY	12,498		15	150,147		10
11 CAFETERIA			4		150,147	11
12 MAINTENANCE OF PERSONNEL	7,240		2			12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	11,273		10			14
15 PHARMACY	2,239		6			15
16 MEDICAL RECORDS & LIBRARY	2,514		22			16
17 SOCIAL SERVICE						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	43,509	859,836	562	75,372	75,372	30
31 INTENSIVE CARE UNIT	5,801	95,187	45	6,873	6,873	31
43 NURSERY	4,014	218,202	14			43
44 SKILLED NURSING FACILITY	18,352	23,154	32	67,902	67,902	44
45 NURSING FACILITY	19,761	140,318				45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,766	53,717	104			50
52 DELIVERY ROOM & LABOR ROOM	5,083	64,840				52
54 RADIOLOGY-DIAGNOSTIC	19,946		24			54
55 RADIOLOGY-THERAPEUTIC	6,392					55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,803					58
59 CARDIAC CATHETERIZATION	569					59
60 LABORATORY	8,655		30			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	335		9			65
66 PHYSICAL THERAPY	15,773	13,326	11			66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY	1,108					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION	1,390	6,474				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	1,717		47			90.01
90.02 WOUND CLINIC						90.02
91 EMERGENCY	13,058	97,058	39			91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			6			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	241,597	3,144,224	982	150,147	150,147	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	953		8			190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER						194
194.01 OCCUPATIONAL HEALTH	4,125					194.01

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10	MEALS SERVED 11	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	14,656,351	1,182,998	4,284,959	5,759,825	175,565	202
203 UNIT COST MULT-WS B PT I	59.415632	0.376245	4,328.241414	38.361239	1.169287	203
204 COST TO BE ALLOC PER B PT II	1,456,556	162,038	137,722	446,297	2,564	204
205 UNIT COST MULT-WS B PT II	5.904757	0.051535	139.113131	2.972400	0.017077	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	12	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL	1,100					12
13 NURSING ADMINISTRATION		27,725				13
14 CENTRAL SERVICES & SUPPLY			390,195,993			14
15 PHARMACY				115,341,971		15
16 MEDICAL RECORDS & LIBRARY			12,597		647,499,348	16
17 SOCIAL SERVICE						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	400	9,644	469,919	6,489,294	43,816,102	30
31 INTENSIVE CARE UNIT		1,588	5,188	1,584,523	7,240,662	31
43 NURSERY		847		603,266	5,018,764	43
44 SKILLED NURSING FACILITY				292,161	5,937,633	44
45 NURSING FACILITY			8,792,911	281,076	3,295,183	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		6,948	9,383,176	42,891,645	60,968,417	50
52 DELIVERY ROOM & LABOR ROOM		2,136	323,015	4,282,692	10,122,696	52
54 RADIOLOGY-DIAGNOSTIC		363	56,953,797	26,697,806	93,177,603	54
55 RADIOLOGY-THERAPEUTIC			3,184,608	307,475	20,517,704	55
57 COMPUTED TOMOGRAPHY (CT) SCAN			7,352,053	8,273	33,379,779	57
58 MAGNETIC RESONANCE IMAGING (MRI)			11,253,389	5,795,184	53,187,874	58
59 CARDIAC CATHETERIZATION		331	10,000	2,153,555	6,522,571	59
60 LABORATORY	100		241,924,938	50,125	87,116,591	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			821,542	99,317	5,489,755	65
66 PHYSICAL THERAPY	100	98	160,533	26,212	16,148,303	66
68 SPEECH PATHOLOGY		1	33,317,874	21,346	5,065,869	68
69 ELECTROCARDIOLOGY			2,156,660	386,917	18,030,000	69
70 ELECTROENCEPHALOGRAPHY			1,388,756		1,409,761	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					33,138,596	71
72 IMPL. DEV. CHARGED TO PATIENT					16,758,847	72
73 DRUGS CHARGED TO PATIENTS					40,320,161	73
76.97 CARDIAC REHABILITATION		382	1,766,461	2,265	1,625,844	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC		259	2,221,153	1,430,358	2,959,424	90.01
90.02 WOUND CLINIC		95	1,160,409	604,553	2,921,831	90.02
91 EMERGENCY	200	4,916	41,488	13,132,761	71,587,853	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		117		18,744	1,741,525	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			4,324,480	44,260		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	800	27,725	387,024,947	107,203,808	647,499,348	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			565,436	1,568		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 HEALTH & FITNESS CENTER			2,602,112			194
194.01 OCCUPATIONAL HEALTH	300		3,498	8,136,595		194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,015,268	3,415,530	3,785,948	3,019,688	3,957,110	202
203	UNIT COST MULT-WS B PT I	1,832.061818	123.193147	0.009703	0.026180	0.006111	203
204	COST TO BE ALLOC PER B PT II	241,374	44,533	384,892	110,420	208,135	204
205	UNIT COST MULT-WS B PT II	219.430909	1.606240	0.000986	0.000957	0.000321	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 CAP REL COSTS-BLDG & FIXT	1
2 CAP REL COSTS-MVBLE EQUIP	2
4 EMPLOYEE BENEFITS	4
5 ADMINISTRATIVE & GENERAL	5
6 MAINTENANCE & REPAIRS	6
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	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	30
31 INTENSIVE CARE UNIT	31
43 NURSERY	43
44 SKILLED NURSING FACILITY	44
45 NURSING FACILITY	45
46 OTHER LONG TERM CARE	46
ANCILLARY SERVICE COST CENTERS	
50 OPERATING ROOM	50
52 DELIVERY ROOM & LABOR ROOM	52
54 RADIOLOGY-DIAGNOSTIC	54
55 RADIOLOGY-THERAPEUTIC	55
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
65 RESPIRATORY THERAPY	65
66 PHYSICAL THERAPY	66
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
70 ELECTROENCEPHALOGRAPHY	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENT	72
73 DRUGS CHARGED TO PATIENTS	73
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
90.01 OP PEDS ONC CLINIC	90.01
90.02 WOUND CLINIC	90.02
91 EMERGENCY	91
92 OBSERVATION BEDS	92
92.01 OBSERVATION BEDS-DISTINCT	92.01
OTHER REIMBURSABLE COST CENTERS	
101 HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS	
118 SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS	
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192 PHYSICIANS' PRIVATE OFFICES	192
194 HEALTH & FITNESS CENTER	194
194.01 OCCUPATIONAL HEALTH	194.01

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COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	28,182,898		28,182,898		28,182,898	30
31 INTENSIVE CARE UNIT	4,201,144		4,201,144		4,201,144	31
43 NURSERY	3,606,472		3,606,472		3,606,472	43
44 SKILLED NURSING FACILITY	8,063,485		8,063,485		8,063,485	44
45 NURSING FACILITY	6,276,783		6,276,783		6,276,783	45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,880,756		20,880,756		20,880,756	50
52 DELIVERY ROOM & LABOR ROOM	4,805,207		4,805,207		4,805,207	52
54 RADIOLOGY-DIAGNOSTIC	20,743,608		20,743,608		20,743,608	54
55 RADIOLOGY-THERAPEUTIC	3,051,233		3,051,233		3,051,233	55
57 COMPUTED TOMOGRAPHY (CT) SC	1,696,110		1,696,110		1,696,110	57
58 MAGNETIC RESONANCE IMAGING	4,616,357		4,616,357		4,616,357	58
59 CARDIAC CATHETERIZATION	1,179,441		1,179,441		1,179,441	59
60 LABORATORY	15,573,802		15,573,802		15,573,802	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,536,576		1,536,576		1,536,576	65
66 PHYSICAL THERAPY	7,673,398		7,673,398		7,673,398	66
68 SPEECH PATHOLOGY	2,780,438		2,780,438		2,780,438	68
69 ELECTROCARDIOLOGY	1,005,523		1,005,523		1,005,523	69
70 ELECTROENCEPHALOGRAPHY	572,363		572,363		572,363	70
71 MEDICAL SUPPLIES CHRGED TO	12,179,195		12,179,195		12,179,195	71
72 IMPL. DEV. CHARGED TO PATIE	9,651,738		9,651,738		9,651,738	72
73 DRUGS CHARGED TO PATIENTS	10,773,047		10,773,047		10,773,047	73
76.97 CARDIAC REHABILITATION	998,382		998,382		998,382	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	1,304,208		1,304,208		1,304,208	90.01
90.02 WOUND CLINIC	1,355,960		1,355,960		1,355,960	90.02
91 EMERGENCY	11,822,626		11,822,626	166,150	11,988,776	91
92 OBSERVATION BEDS	2,401,368		2,401,368		2,401,368	92
92.01 OBSERVATION BEDS-DISTINCT	123,711		123,711		123,711	92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	5,342,224		5,342,224		5,342,224	101
200 SUBTOTAL (SEE INSTRUCTIONS)	192,398,053		192,398,053	166,150	192,564,203	200
201 LESS OBSERVATION BEDS	2,401,368		2,401,368		2,401,368	201
202 TOTAL (SEE INSTRUCTIONS)	189,996,685		189,996,685	166,150	190,162,835	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	38,508,723		38,508,723			30
31 INTENSIVE CARE UNIT	12,193,172		12,193,172			31
43 NURSERY	4,985,847		4,985,847			43
44 SKILLED NURSING FACILITY	5,898,690		5,898,690			44
45 NURSING FACILITY	3,273,571		3,273,571			45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,374,348	44,707,841	60,082,189	0.347537	0.347537	0.347537 50
52 DELIVERY ROOM & LABOR ROOM	9,104,697	941,366	10,046,063	0.478317	0.478317	0.478317 52
54 RADIOLOGY-DIAGNOSTIC	10,237,796	81,442,708	91,680,504	0.226260	0.226260	0.226260 54
55 RADIOLOGY-THERAPEUTIC	224,933	19,941,270	20,166,203	0.151304	0.151304	0.151304 55
57 COMPUTED TOMOGRAPHY (CT) SC	10,804,069	22,116,191	32,920,260	0.051522	0.051522	0.051522 57
58 MAGNETIC RESONANCE IMAGING	6,582,600	45,758,645	52,341,245	0.088197	0.088197	0.088197 58
59 CARDIAC CATHETERIZATION	4,533,682	1,925,166	6,458,848	0.182609	0.182609	0.182609 59
60 LABORATORY	32,479,515	53,483,879	85,963,394	0.181168	0.181168	0.181168 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,647,196	797,873	5,445,069	0.282196	0.282196	0.282196 65
66 PHYSICAL THERAPY	6,545,825	9,394,369	15,940,194	0.481387	0.481387	0.481387 66
68 SPEECH PATHOLOGY	916,825	4,071,526	4,988,351	0.557386	0.557386	0.557386 68
69 ELECTROCARDIOLOGY	6,100,874	11,683,771	17,784,645	0.056539	0.056539	0.056539 69
70 ELECTROENCEPHALOGRAPHY	134,655	1,252,237	1,386,892	0.412695	0.412695	0.412695 70
71 MEDICAL SUPPLIES CHRGD TO	18,057,143	14,704,147	32,761,290	0.371756	0.371756	0.371756 71
72 IMPL. DEV. CHARGED TO PATIE	12,154,648	4,445,917	16,600,565	0.581410	0.581410	0.581410 72
73 DRUGS CHARGED TO PATIENTS	22,713,913	17,155,177	39,869,090	0.270211	0.270211	0.270211 73
76.97 CARDIAC REHABILITATION	1,683	1,596,134	1,597,817	0.624841	0.624841	0.624841 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	88,448	2,820,879	2,909,327	0.448285	0.448285	0.448285 90.01
90.02 WOUND CLINIC	72,762	2,799,452	2,872,214	0.472096	0.472096	0.472096 90.02
91 EMERGENCY	12,715,813	57,774,022	70,489,835	0.167721	0.167721	0.170078 91
92 OBSERVATION BEDS	323,980	1,355,524	1,679,504	1.429808	1.429808	1.429808 92
92.01 OBSERVATION BEDS-DISTINCT	26,081	29,451	55,532	2.227743	2.227743	2.227743 92.01
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
200 SUBTOTAL (SEE INSTRUCTIONS)	238,701,489	400,197,545	638,899,034			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	238,701,489	400,197,545	638,899,034			202

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	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,046,978		2,046,978	27,181	75.31	10,721	807,399 30
31 INTENSIVE CARE UNIT	257,131		257,131	2,291	112.24	1,248	140,076 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							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	179,272		179,272	4,845	37.00		43
44 SKILLED NURSING FACILITY	824,049		824,049	8,082	101.96	6,861	699,548 44
45 NURSING FACILITY	683,838		683,838				45
200 TOTAL (LINES 30-199)	3,991,268		3,991,268	42,399		18,830	1,647,023 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

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	2,238,079	60,082,189	0.037250	5,795,646	215,888	50
52 DELIVERY ROOM & LABOR ROOM	258,364	10,046,063	0.025718			52
54 RADIOLOGY-DIAGNOSTIC	2,775,381	91,680,504	0.030272	5,712,352	172,924	54
55 RADIOLOGY-THERAPEUTIC	680,499	20,166,203	0.033745	97,123	3,277	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	54,512	32,920,260	0.001656	5,336,244	8,837	57
58 MAGNETIC RESONANCE IMAGING (M	513,347	52,341,245	0.009808	2,589,940	25,402	58
59 CARDIAC CATHETERIZATION	56,443	6,458,848	0.008739	2,093,915	18,299	59
60 LABORATORY	821,332	85,963,394	0.009554	15,026,991	143,568	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	49,729	5,445,069	0.009133	2,628,438	24,006	65
66 PHYSICAL THERAPY	596,209	15,940,194	0.037403	1,833,206	68,567	66
68 SPEECH PATHOLOGY	72,873	4,988,351	0.014609	244,991	3,579	68
69 ELECTROCARDIOLOGY	32,867	17,784,645	0.001848	3,370,737	6,229	69
70 ELECTROENCEPHALOGRAPHY	41,933	1,386,892	0.030235	58,876	1,780	70
71 MEDICAL SUPPLIES CHRGD TO PA	162,632	32,761,290	0.004964	7,033,024	34,912	71
72 IMPL. DEV. CHARGED TO PATIENT	126,569	16,600,565	0.007624	5,809,798	44,294	72
73 DRUGS CHARGED TO PATIENTS	146,536	39,869,090	0.003675	8,869,704	32,596	73
76.97 CARDIAC REHABILITATION	86,871	1,597,817	0.054369	815	44	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC	75,433	2,909,327	0.025928	60,414	1,566	90.01
90.02 WOUND CLINIC	28,088	2,872,214	0.009779	45,199	442	90.02
91 EMERGENCY	642,080	70,489,835	0.009109	5,616,487	51,161	91
92 OBSERVATION BEDS	174,416	1,679,504	0.103850			92
92.01 OBSERVATION BEDS-DISTINCT	3,683	55,532	0.066322	7,646	507	92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	9,637,876	574,039,031	574,039,031	72,231,546	857,878	200

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
PERIOD FROM 09/01/2010 TO 08/31/2011

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	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					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	27,181		10,721		30
31 INTENSIVE CARE UNIT	2,291		1,248		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					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	4,845				43
44 SKILLED NURSING FACILITY	8,082		6,861		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	42,399		18,830		200

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC						90.01
90.02 WOUND CLINIC						90.02
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
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 (14-0130)	[] SUB (OTHER)	[] ICF/MR	[] 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 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	60,082,189		5,795,646		8,959,330	50
52	DELIVERY ROOM & LABOR ROOM	10,046,063					52
54	RADIOLOGY-DIAGNOSTIC	91,680,504		5,712,352		16,953,489	54
55	RADIOLOGY-THERAPEUTIC	20,166,203		97,123		9,164,362	55
57	COMPUTED TOMOGRAPHY (CT) SCA	32,920,260		5,336,244		5,917,059	57
58	MAGNETIC RESONANCE IMAGING (52,341,245		2,589,940		9,466,897	58
59	CARDIAC CATHETERIZATION	6,458,848		2,093,915		828,887	59
60	LABORATORY	85,963,394		15,026,991		3,243,707	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	5,445,069		2,628,438		222,611	65
66	PHYSICAL THERAPY	15,940,194		1,833,206		50,895	66
68	SPEECH PATHOLOGY	4,988,351		244,991		531,844	68
69	ELECTROCARDIOLOGY	17,784,645		3,370,737		2,809,397	69
70	ELECTROENCEPHALOGRAPHY	1,386,892		58,876		379,900	70
71	MEDICAL SUPPLIES CHRGED TO P	32,761,290		7,033,024		2,761,225	71
72	IMPL. DEV. CHARGED TO PATIEN	16,600,565		5,809,798		1,109,743	72
73	DRUGS CHARGED TO PATIENTS	39,869,090		8,869,704		5,976,281	73
76.97	CARDIAC REHABILITATION	1,597,817		815		1,067,262	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	2,909,327		60,414		1,464,114	90.01
90.02	WOUND CLINIC	2,872,214		45,199		2,015,221	90.02
91	EMERGENCY	70,489,835		5,616,487		5,570,714	91
92	OBSERVATION BEDS	1,679,504					92
92.01	OBSERVATION BEDS-DISTINCT	55,532		7,646			92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	574,039,031		72,231,546		78,492,938	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0130) [] 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 CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.347537	8,959,330	-402		3,113,699	-140		50
52 DELIVERY ROOM & LABOR ROOM	0.478317							52
54 RADIOLOGY-DIAGNOSTIC	0.226260	16,953,489	403		3,835,896	91		54
55 RADIOLOGY-THERAPEUTIC	0.151304	9,164,362			1,386,605			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522	5,917,059	-41		304,859	-2		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197	9,466,897	171		834,952	15		58
59 CARDIAC CATHETERIZATION	0.182609	828,887	-101		151,362	-18		59
60 LABORATORY	0.181168	3,243,707	-6,576		587,656	-1,191		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.282196	222,611	-11		62,820	-3		65
66 PHYSICAL THERAPY	0.481387	50,895			24,500			66
68 SPEECH PATHOLOGY	0.557386	531,844	3,396		296,442	1,893		68
69 ELECTROCARDIOLOGY	0.056539	2,809,397			158,840			69
70 ELECTROENCEPHALOGRAPHY	0.412695	379,900			156,783			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.371756	2,761,225			1,026,502			71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410	1,109,743			645,216			72
73 DRUGS CHARGED TO PATIENTS	0.270211	5,976,281	16,601		1,614,857	4,486		73
76.97 CARDIAC REHABILITATION	0.624841	1,067,262			666,869			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OP PEDS ONC CLINIC	0.448285	1,464,114	-19		656,340	-9		90.01
90.02 WOUND CLINIC	0.472096	2,015,221	180		951,378	85		90.02
91 EMERGENCY	0.167721	5,570,714	15,267		934,326	2,561		91
92 OBSERVATION BEDS	1.429808							92
92.01 OBSERVATION BEDS-DISTINCT	2.227743							92.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		78,492,938	28,868		17,409,902	7,768		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		78,492,938	28,868		17,409,902	7,768		202

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
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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 [] IPF [XX] SNF (14-5216) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC						90.01
90.02 WOUND CLINIC						90.02
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
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	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5216)		[] 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	60,082,189					50
52	DELIVERY ROOM & LABOR ROOM	10,046,063					52
54	RADIOLOGY-DIAGNOSTIC	91,680,504					54
55	RADIOLOGY-THERAPEUTIC	20,166,203					55
57	COMPUTED TOMOGRAPHY (CT) SCA	32,920,260					57
58	MAGNETIC RESONANCE IMAGING (52,341,245					58
59	CARDIAC CATHETERIZATION	6,458,848					59
60	LABORATORY	85,963,394					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	5,445,069					65
66	PHYSICAL THERAPY	15,940,194					66
68	SPEECH PATHOLOGY	4,988,351					68
69	ELECTROCARDIOLOGY	17,784,645					69
70	ELECTROENCEPHALOGRAPHY	1,386,892					70
71	MEDICAL SUPPLIES CHRGED TO P	32,761,290					71
72	IMPL. DEV. CHARGED TO PATIEN	16,600,565					72
73	DRUGS CHARGED TO PATIENTS	39,869,090					73
76.97	CARDIAC REHABILITATION	1,597,817					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	2,909,327					90.01
90.02	WOUND CLINIC	2,872,214					90.02
91	EMERGENCY	70,489,835					91
92	OBSERVATION BEDS	1,679,504					92
92.01	OBSERVATION BEDS-DISTINCT	55,532					92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	574,039,031					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 [] IPF [XX] SNF (14-5216) [] 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. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	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	0.347537						50
52 DELIVERY ROOM & LABOR ROOM	0.478317						52
54 RADIOLOGY-DIAGNOSTIC	0.226260						54
55 RADIOLOGY-THERAPEUTIC	0.151304						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197						58
59 CARDIAC CATHETERIZATION	0.182609						59
60 LABORATORY	0.181168						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.282196						65
66 PHYSICAL THERAPY	0.481387						66
68 SPEECH PATHOLOGY	0.557386						68
69 ELECTROCARDIOLOGY	0.056539						69
70 ELECTROENCEPHALOGRAPHY	0.412695						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.371756						71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410						72
73 DRUGS CHARGED TO PATIENTS	0.270211						73
76.97 CARDIAC REHABILITATION	0.624841						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OP PEDS ONC CLINIC	0.448285						90.01
90.02 WOUND CLINIC	0.472096						90.02
91 EMERGENCY	0.167721						91
92 OBSERVATION BEDS	1.429808						92
92.01 OBSERVATION BEDS-DISTINCT	2.227743						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 16:26

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	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							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							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [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					50
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
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
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OP PEDS ONC CLINIC					90.01
90.02 WOUND CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
PERIOD FROM 09/01/2010 TO 08/31/2011

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

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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
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					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					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

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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 PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					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					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OP PEDS ONC CLINIC						90.01
90.02 WOUND CLINIC						90.02
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
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 (14-0130)	[] SUB (OTHER)	[] ICF/MR	[] 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	60,082,189		462,221			50
52	DELIVERY ROOM & LABOR ROOM	10,046,063		167,073			52
54	RADIOLOGY-DIAGNOSTIC	91,680,504		315,930			54
55	RADIOLOGY-THERAPEUTIC	20,166,203					55
57	COMPUTED TOMOGRAPHY (CT) SCA	32,920,260		471,833			57
58	MAGNETIC RESONANCE IMAGING (52,341,245		195,033			58
59	CARDIAC CATHETERIZATION	6,458,848		58,160			59
60	LABORATORY	85,963,394		1,617,178			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	5,445,069		453,260			65
66	PHYSICAL THERAPY	15,940,194		39,464			66
68	SPEECH PATHOLOGY	4,988,351		29,100			68
69	ELECTROCARDIOLOGY	17,784,645		328,790			69
70	ELECTROENCEPHALOGRAPHY	1,386,892		3,256			70
71	MEDICAL SUPPLIES CHRGED TO P	32,761,290		650,272			71
72	IMPL. DEV. CHARGED TO PATIEN	16,600,565					72
73	DRUGS CHARGED TO PATIENTS	39,869,090		1,219,224			73
76.97	CARDIAC REHABILITATION	1,597,817					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	2,909,327		634			90.01
90.02	WOUND CLINIC	2,872,214					90.02
91	EMERGENCY	70,489,835		59,209			91
92	OBSERVATION BEDS	1,679,504					92
92.01	OBSERVATION BEDS-DISTINCT	55,532		865			92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	574,039,031		6,071,502			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0130) [] 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		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	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	0.347537						50
52 DELIVERY ROOM & LABOR ROOM	0.478317						52
54 RADIOLOGY-DIAGNOSTIC	0.226260						54
55 RADIOLOGY-THERAPEUTIC	0.151304						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197						58
59 CARDIAC CATHETERIZATION	0.182609						59
60 LABORATORY	0.181168						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.282196						65
66 PHYSICAL THERAPY	0.481387						66
68 SPEECH PATHOLOGY	0.557386						68
69 ELECTROCARDIOLOGY	0.056539						69
70 ELECTROENCEPHALOGRAPHY	0.412695						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.371756						71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410						72
73 DRUGS CHARGED TO PATIENTS	0.270211						73
76.97 CARDIAC REHABILITATION	0.624841						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OP PEDS ONC CLINIC	0.448285						90.01
90.02 WOUND CLINIC	0.472096						90.02
91 EMERGENCY	0.167721						91
92 OBSERVATION BEDS	1.429808						92
92.01 OBSERVATION BEDS-DISTINCT	2.227743						92.01
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 (14-0130) [] 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)	27,181	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,181	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,181	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)	10,721	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)	28,182,898	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	28,182,898	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	28,182,898	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0130) [] 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) 1,036.86 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,116,176 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) 11,116,176 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	4,201,144	2,291	1,833.76	1,248	2,288,532	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)					18,315,498	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					31,720,206	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 947,475 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 857,878 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,805,353 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 29,914,853 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) 2,316 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,036.86 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,401,368 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	2,046,978	28,182,898	0.072632	2,401,368	174,416	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 [] IPF [XX] SNF (14-5216) [] 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)	8,082	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,082	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,082	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)	6,861	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)	8,063,485	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	8,063,485	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	8,063,485	37

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
PERIOD FROM 09/01/2010 TO 08/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
02/24/2012 16:26

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5216) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	8,063,485	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	997.71	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	6,845,288	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	6,845,288	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	6,845,288	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	6,845,288	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] 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)	27,181 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,181 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,181 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)	1,273 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)	4,845 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	207 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)	28,182,898 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	28,182,898 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	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)	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)	28,182,898 37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] 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) 1,036.86 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,319,923 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) 1,319,923 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	3,606,472	4,845	744.37	207	154,085 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,201,144	2,291	1,833.76	68	124,696 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)					1,423,539 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,022,243 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 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 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 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) 2,316 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	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		13,560,215			30
31 INTENSIVE CARE UNIT		9,073,463			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.347537	5,795,646	2,014,201		50
52 DELIVERY ROOM & LABOR ROOM	0.478317				52
54 RADIOLOGY-DIAGNOSTIC	0.226260	5,712,352	1,292,477		54
55 RADIOLOGY-THERAPEUTIC	0.151304	97,123	14,695		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522	5,336,244	274,934		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197	2,589,940	228,425		58
59 CARDIAC CATHETERIZATION	0.182609	2,093,915	382,368		59
60 LABORATORY	0.181168	15,026,991	2,722,410		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.282196	2,628,438	741,735		65
66 PHYSICAL THERAPY	0.481387	1,833,206	882,482		66
68 SPEECH PATHOLOGY	0.557386	244,991	136,555		68
69 ELECTROCARDIOLOGY	0.056539	3,370,737	190,578		69
70 ELECTROENCEPHALOGRAPHY	0.412695	58,876	24,298		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.371756	7,033,024	2,614,569		71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410	5,809,798	3,377,875		72
73 DRUGS CHARGED TO PATIENTS	0.270211	8,869,704	2,396,692		73
76.97 CARDIAC REHABILITATION	0.624841	815	509		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OP PEDS ONC CLINIC	0.448285	60,414	27,083		90.01
90.02 WOUND CLINIC	0.472096	45,199	21,338		90.02
91 EMERGENCY	0.170078	5,616,487	955,241		91
92 OBSERVATION BEDS	1.429808				92
92.01 OBSERVATION BEDS-DISTINCT	2.227743	7,646	17,033		92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		72,231,546	18,315,498		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		72,231,546			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 [] IPF [XX] SNF (14-5216) [] 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				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.347537			50
52 DELIVERY ROOM & LABOR ROOM	0.478317			52
54 RADIOLOGY-DIAGNOSTIC	0.226260			54
55 RADIOLOGY-THERAPEUTIC	0.151304			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197			58
59 CARDIAC CATHETERIZATION	0.182609			59
60 LABORATORY	0.181168			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.282196			65
66 PHYSICAL THERAPY	0.481387			66
68 SPEECH PATHOLOGY	0.557386			68
69 ELECTROCARDIOLOGY	0.056539			69
70 ELECTROENCEPHALOGRAPHY	0.412695			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.371756			71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410			72
73 DRUGS CHARGED TO PATIENTS	0.270211			73
76.97 CARDIAC REHABILITATION	0.624841			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OP PEDS ONC CLINIC	0.448285			90.01
90.02 WOUND CLINIC	0.472096			90.02
91 EMERGENCY	0.167721			91
92 OBSERVATION BEDS	1.429808			92
92.01 OBSERVATION BEDS-DISTINCT	2.227743			92.01
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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] 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		1,720,497		30
31 INTENSIVE CARE UNIT		199,218		31
43 NURSERY		223,095		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.347537	462,221	160,639	50
52 DELIVERY ROOM & LABOR ROOM	0.478317	167,073	79,914	52
54 RADIOLOGY-DIAGNOSTIC	0.226260	315,930	71,482	54
55 RADIOLOGY-THERAPEUTIC	0.151304			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051522	471,833	24,310	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088197	195,033	17,201	58
59 CARDIAC CATHETERIZATION	0.182609	58,160	10,621	59
60 LABORATORY	0.181168	1,617,178	292,981	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.282196	453,260	127,908	65
66 PHYSICAL THERAPY	0.481387	39,464	18,997	66
68 SPEECH PATHOLOGY	0.557386	29,100	16,220	68
69 ELECTROCARDIOLOGY	0.056539	328,790	18,589	69
70 ELECTROENCEPHALOGRAPHY	0.412695	3,256	1,344	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.371756	650,272	241,743	71
72 IMPL. DEV. CHARGED TO PATIENT	0.581410			72
73 DRUGS CHARGED TO PATIENTS	0.270211	1,219,224	329,448	73
76.97 CARDIAC REHABILITATION	0.624841			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OP PEDS ONC CLINIC	0.448285	634	284	90.01
90.02 WOUND CLINIC	0.472096			90.02
91 EMERGENCY	0.167721	59,209	9,931	91
92 OBSERVATION BEDS	1.429808			92
92.01 OBSERVATION BEDS-DISTINCT	2.227743	865	1,927	92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,071,502	1,423,539	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,071,502		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0130)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	20,841,082	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	556,997	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	110.65	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)	21,398,079	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)	21,398,079	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,766,449	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 (14-0130)
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)	23,164,528	59
60	PRIMARY PAYER PAYMENTS	6,089	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	23,158,439	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,523,324	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,165	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	179,569	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,698	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	110,774	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	20,747,648	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)	20,747,648	71
72	INTERIM PAYMENTS	20,645,270	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	102,378	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

PROVIDER CCN: 14-0130 NORTHWESTERN LAKE FOREST HOSPI
PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
02/24/2012 16:26

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0130) CAH

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	8,641 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	11,969 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	27,156 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	638,899,034 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	27,085,109 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 VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT	
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS 2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS 3
4	SUBTOTAL (SUM OF LINES 1-3) 4
COMPUTATION OF NET COST OF COVERED SERVICES	
5	MEDICAL AND OTHER SERVICES 5
6	DEDUCTIBLES 6
7	COINSURANCE 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 10
11	UTILIZATION REVIEW 11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS) 12
13	INPATIENT PRIMARY PAYER PAYMENTS 13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14) 15
16	INTERIM PAYMENTS 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) 17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17) 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] 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	3,022,243 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,022,243 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,022,243 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	6,071,502 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)	6,071,502 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)	6,071,502 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	3,049,259 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)	3,022,243 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	3,022,243 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)	3,022,243 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)	3,022,243 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	3,022,243 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)	3,022,243 40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	3,022,243 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	214,068,098			1,779,334		20,992,259			1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	31,410,949								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	245,479,047			1,779,334		20,992,259			3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5	3,486,800								5
6 GIFTS, GRANTS & OTHER REVENUE			1,708,147		3,876,742				6
7 INVESTMENT INCOME - REALIZED			256,070						7
8 UNREALIZED GAINS (LOSSES)			853,994						8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	3,486,800		2,818,211		3,876,742				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	248,965,847		4,597,545		24,869,001				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 OPERATING EXPENSES			722,729						13
14 PROPERTY ADDITIONS			17,500						14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)			740,229						18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	248,965,847		3,857,316		24,869,001				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	38,518,011		38,518,011	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	5,937,633		5,937,633	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	44,455,644		44,455,644	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	5,965,411		5,965,411	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)	5,965,411		5,965,411	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	50,421,055		50,421,055	18
19 ANCILLARY SERVICES	182,133,336		182,133,336	19
20 OUTPATIENT SERVICES		405,485,968	405,485,968	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		4,799,255	4,799,255	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 OTHER (SPECIFY)				27.01
27.02 PROFESSIONAL CHARGES	3,197,342	21,903,328	25,100,670	27.02
28 OCCUPATIONAL MEDICINE		1,834,012	1,834,012	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	235,751,733	434,022,563	669,774,296	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		231,563,209	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)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		231,563,209	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	669,774,296	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	449,729,176	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	220,045,120	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	231,563,209	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-11,518,089	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	16,142,257	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,097,605	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	464,392	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	6,034,043	22
23	GOVERNMENTAL APPROPRIATIONS	2,499,622	23
24		16,691,119	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	42,929,038	25
26	TOTAL (LINE 5 PLUS LINE 25)	31,410,949	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)	31,410,949	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7045

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
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)			98,253			98,253 4
5 ADMINISTRATIVE AND GENERAL	657,403	56,618		854,369	60,304	1,628,694 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	958,483	82,549			1,041,032	6
7 PHYSICAL THERAPY	481,548	41,473			523,021	7
8 OCCUPATIONAL THERAPY	1,514	130			1,644	8
9 SPEECH PATHOLOGY	2,535	218			2,753	9
10 MEDICAL SOCIAL SERVICES	29,614	2,550			32,164	10
11 HOME HEALTH AIDE	58,345	5,025			63,370	11
12 SUPPLIES (SEE INSTRUCTIONS)					43,687	43,687 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
24 TOTAL (SUM OF LINES 1-23)	2,189,442	188,563	98,253	854,369	103,991	3,434,618 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7045

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		98,253		98,253	4
5		1,628,694	-81	1,628,613	5
6					6
7		1,041,032		1,041,032	7
8		523,021		523,021	8
9		1,644		1,644	9
10		2,753		2,753	10
11		32,164		32,164	11
12		63,370		63,370	12
13		43,687		43,687	13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
24		3,434,618	-81	3,434,537	

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7045

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	
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.)	98,253				98,253				4
5 ADMINISTRATIVE AND GENERAL	1,628,613				98,253	1,726,866	1,726,866		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,041,032					1,041,032	1,052,734	2,093,766	6
7 PHYSICAL THERAPY	523,021					523,021	528,900	1,051,921	7
8 OCCUPATIONAL THERAPY	1,644					1,644	1,662	3,306	8
9 SPEECH PATHOLOGY	2,753					2,753	2,784	5,537	9
10 MEDICAL SOCIAL SERVICES	32,164					32,164	32,526	64,690	10
11 HOME HEALTH AIDE	63,370					63,370	64,082	127,452	11
12 SUPPLIES (SEE INSTRUCTIONS)	43,687					43,687	44,178	87,865	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 HOME MAKER SERVICE									22
23 ALL OTHERS									23
24 TOTAL (SUM OF LINES 1-23)	3,434,537				98,253	3,434,537		3,434,537	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7045

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.)				95,936			4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES				95,936	-1,726,866	1,707,671	5
6 SKILLED NURSING CARE						1,041,032	6
7 PHYSICAL THERAPY						523,021	7
8 OCCUPATIONAL THERAPY						1,644	8
9 SPEECH PATHOLOGY						2,753	9
10 MEDICAL SOCIAL SERVICES						32,164	10
11 HOME HEALTH AIDE						63,370	11
12 SUPPLIES (SEE INSTRUCTIONS)						43,687	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)				95,936	-1,726,866	1,707,671	24
25 COST TO BE ALLOC (PER W/S H)				98,253		1,726,866	25
26 UNIT COST MULTIPLIER				1.024152		1.011240	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7045

WORKSHEET H-2
 PART I

HHA COST CENTER	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14
1 ADMINISTRATIVE AND GENERAL			25,969					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							41,960	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)			25,969					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.							41,960	21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7045

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	172,696		172,696			1
2 SKILLED NURSING CARE	3,130,638		3,130,638	104,583	3,235,221	2
3 PHYSICAL THERAPY	1,572,853		1,572,853	52,544	1,625,397	3
4 OCCUPATIONAL THERAPY	4,944		4,944	165	5,109	4
5 SPEECH PATHOLOGY	8,279		8,279	277	8,556	5
6 MEDICAL SOCIAL SERVICES	96,726		96,726	3,231	99,957	6
7 HOME HEALTH AIDE	190,569		190,569	6,366	196,935	7
8 SUPPLIES	164,360		164,360	5,491	169,851	8
9 DRUGS	1,159		1,159	39	1,198	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)	5,342,224		5,342,224	172,696	5,342,224	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.				0.033407		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7045

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL				710,307		105,328		1
2 SKILLED NURSING CARE				1,035,617		2,247,331		2
3 PHYSICAL THERAPY				520,300		1,129,074		3
4 OCCUPATIONAL THERAPY				1,636		3,549		4
5 SPEECH PATHOLOGY				2,739		5,943		5
6 MEDICAL SOCIAL SERVICES				31,997		69,435		6
7 HOME HEALTH AIDE				63,040		136,800		7
8 SUPPLIES						87,865		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)				2,365,636		3,785,325		20
21 TOTAL COST TO BE ALLOCATED				350,788		1,487,811		21
22 UNIT COST MULTIPLIER				0.148285		0.393047		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7045

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	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
					3	4	5	
1	SKILLED NURSING CARE	2	3,235,221		3,235,221	6,629	488.04	1
2	PHYSICAL THERAPY	3	1,625,397		1,625,397	4,101	396.34	2
3	OCCUPATIONAL THERAPY	4	5,109		5,109	49	104.27	3
4	SPEECH PATHOLOGY	5	8,556		8,556	32	267.38	4
5	MEDICAL SOCIAL SERVICES	6	99,957		99,957	242	413.05	5
6	HOME HEALTH AIDE	7	196,935		196,935	893	220.53	6
7	TOTAL (SUM OF LINES 1-6)		5,171,175		5,171,175	11,946		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	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS COLS. 1+2)	CHARGES (FROM HHA RECORD)	(COL.3 ÷ COL.4)	
					3	4	5	
15	COST OF MEDICAL SUPPLIES	8	169,851		169,851			15
16	COST OF DRUGS	9	1,198		1,198			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7045

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		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	4,187	2,442		2,043,423	1,191,794		3,235,217	
2 PHYSICAL THERAPY	3,040	1,061		1,204,874	420,517		1,625,391	
3 OCCUPATIONAL THERAPY	44	5		4,588	521		5,109	
4 SPEECH PATHOLOGY	14	18		3,743	4,813		8,556	
5 MEDICAL SOCIAL SERVICES	103	139		42,544	57,414		99,958	
6 HOME HEALTH AIDE	210	683		46,311	150,622		196,933	
7 TOTAL (SUM OF LINES 1-6)	7,598	4,348		3,345,483	1,825,681		5,171,164	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4	
8 SKILLED NURSING CARE	29404	4,187	2,442		8
9 PHYSICAL THERAPY	29404	3,040	1,061		9
10 OCCUPATIONAL THERAPY	29404	44	5		10
11 SPEECH PATHOLOGY	29404	14	18		11
12 MEDICAL SOCIAL SERVICES	29404	103	139		12
13 HOME HEALTH AIDE	29404	210	683		13
14 TOTAL (SUM OF LINES 8-13)		7,598	4,348		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES		
	PART B		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							15
16 COST OF DRUGS							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	0.481387		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.557386		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.371756		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.270211		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7045

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				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
PRIMARY PAYER PAYMENTS				

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,383,227	699,652	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12,336	2,302	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	24,001	26,764	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	13,680	10,201	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,467	274	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	63		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)	1,437,774	739,193	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,437,774	739,193	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,437,774	739,193	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)	1,437,774	739,193	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,437,774	739,193	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,437,774	739,193	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-013) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER		1,695,748		1
3	CAPITAL DRG OUTLIER PAYMENTS		70,701		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		74.40		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)				4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)				6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)				7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)				8
10	SUM OF LINES 7 AND 8				9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)				10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)				11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,766,449		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 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
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					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OP PEDS ONC CLINIC					90.01
90.02 WOUND CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
194 HEALTH & FITNESS CENTER					194
194.01 OCCUPATIONAL HEALTH					194.01
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