

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
 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 LITTLE COMPANY OF MARY (14-0179) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, 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		-583,451	142,605		1
2 SUBPROVIDER - IPF		24,448			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		-559,003	142,605		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: 2800 WEST 95TH STREET
 2 CITY: EVERGREEN PARK

STATE: IL

P.O.BOX:
 ZIP CODE: 60642

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			8
											6	7	XIX	
3	HOSPITAL	LITTLE COMPANY OF MARY	14-0179	01600	1	07/01/1966	N	P	O	3				
4	SUBPROVIDER - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	01600	4	07/01/1984	N	P	N	4				
5	SUBPROVIDER - IRF													
6	SUBPROVIDER - (OTHER)													
7	SWING BEDS - SNF													
8	SWING BEDS - NF													
9	HOSPITAL-BASED SNF													
10	HOSPITAL-BASED NF													
11	HOSPITAL-BASED OLTC													
12	HOSPITAL-BASED HHA	LITTLE COMPANY OF MARY H.C.	14-7404	01600		01/11/1985	N	P	N	12				
13	SEPARATELY CERTIFIED ASC													
14	HOSPITAL-BASED HOSPICE	LITTLE COMPANY OF MARY HOSPIC	14-1511	01600		12/30/1986								
15	HOSPITAL-BASED HEALTH CLINIC - RHC													
16	HOSPITAL-BASED HEALTH CLINIC - FQHC													
17	HOSPITAL-BASED (CMHC)													
18	RENAL DIALYSIS													
19	OTHER													
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010				TO: 06/30/2011								20
21	TYPE OF CONTROL													21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	8,356	780	34		445		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 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	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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.				Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY		Y Y Y N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	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.		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.		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.	Y	140
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:
142	STREET:	P.O. BOX:	
143	CITY:	STATE:	ZIP CODE:
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	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
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? 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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	2				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
2	3	Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	5				
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.	N		4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	7				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		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?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		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	12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15	
PS&R REPORT DATA		PART A		PART B	
16	17	Y/N	DATE	Y/N	DATE
1	2	3	4		
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	01/09/2012	Y	10/28/2011
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	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	80,749,780	80,749,780	3,010,726.00	26.82	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A		24,500	24,500	184.00	133.15	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		796,514	796,514	8,525.00	93.43	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,261,438	-95,331	5,166,107	187,218.00	27.59
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		803,169	803,169	8,712.00	92.19	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A		511,455	511,455	3,575.00	143.06	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		20,228,630	20,228,630			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,397,808	1,397,808			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		6,629	6,629			22
23	PHYSICIAN PART B		95,897	95,897			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		947,576	947,576	30,126.00	31.45	26
27	ADMINISTRATIVE & GENERAL	12,277,498	-238,833	12,038,665	461,120.00	26.11	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		29,703	29,703	150.00	198.02	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		2,859,599	2,859,599	136,582.00	20.94	30
31	LAUNDRY & LINEN SERVICE		175,553	175,553	12,825.00	13.69	31
32	HOUSEKEEPING		1,513,606	1,513,606	121,503.00	12.46	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,506,529	-866,825	639,704	41,569.00	15.39
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			866,825	866,825	56,327.00	15.39
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,703,743	1,703,743	56,315.00	30.25	38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY		1,935,544	1,935,544	55,384.00	34.95	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,059,787	33,193	1,092,980	52,399.00	20.86
42	SOCIAL SERVICE			719,906	719,906	25,681.00	28.03
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	79,982,969		79,982,969	3,002,351.0	26.64	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,261,438	-95,331	5,166,107	187,218.00	27.59	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	74,721,531	95,331	74,816,862	2,815,133.0	26.58	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,314,624		1,314,624	12,287.00	106.99	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	20,235,259		20,235,259		27.05%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	96,271,414	95,331	96,366,745	2,827,420.0	34.08	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	24,009,138	514,266	24,523,404	1,049,981.0	23.36	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	323,541	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	6,676,993	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	26,669	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	185,482	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	40,753	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,460,640	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	237,801	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	208,077	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	216,669	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,226,268	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	5,787,634	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	79,253	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	259,183	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	21,728,963	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.: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,045		62	1,107	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,211.00		376.00	1,406.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.65	0.65	4
5 OTHER ADMINISTRATIVE PERSONNEL		12.56	12.56	5
6 DIRECT NURSING SERVICE		15.75	15.75	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.27	1.54	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE			0.18	10
11 OCCUPATIONAL THERAPY SUPERVISOR			0.90	11
12 SPEECH PATHOLOGY SERVICE			0.06	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.42	0.42	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		1.18	1.18	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).	16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	8,007	1,203	625	163	9,998	21
22 SKILLED NURSING VISIT CHARGES	1,813,680	270,820	141,510	36,820	2,262,830	22
23 PHYSICAL THERAPY VISITS	4,649	34	48	141	4,872	23
24 PHYSICAL THERAPY VISIT CHARGES	1,097,670	8,050	11,360	32,910	1,149,990	24
25 OCCUPATIONAL THERAPY VISITS	165	15		1	181	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	39,040	3,600		240	42,880	26
27 SPEECH PATHOLOGY VISITS	30	14	1	2	47	27
28 SPEECH PATHOLOGY VISIT CHARGES	7,060	3,360	240	480	11,140	28
29 MEDICAL SOCIAL SERVICE VISITS	131	3	13	7	154	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	39,750	930	3,870	2,130	46,680	30
31 HOME HEALTH AIDE VISITS	961	42	6	36	1,045	31
32 HOME HEALTH AIDE VISIT CHARGES	140,680	6,270	880	5,250	153,080	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	13,943	1,311	693	350	16,297	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,137,880	293,030	157,860	77,830	3,666,600	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	875		277	28	1,180	36
37 TOTAL NUMBER OF OUTLIER EPISODES		30		1	31	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	321,039	69,873	14,702	80	405,694	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	70,296			1,845	72,141
3	INPATIENT RESPITE CARE					3
4	GENERAL INPATIENT CARE	141			29	170
5	TOTAL HOSPICE DAYS	70,437			1,874	72,311

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	819			48	867
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	86.00			39.04	83.40
9	UNDUPLICATED CENSUS COUNT	292			39	331

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)			0.217816	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			14,724,282	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			97,760,847	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			21,293,877	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)			6,569,595	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			6,569,595	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	20,262,369	2,907,360	23,169,729	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,413,468	633,270	5,046,738	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,096,480	141,154	1,237,634	22
23	COST OF CHARITY CARE	3,316,988	492,116	3,809,104	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)			7,392,312	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,134,609	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			6,257,703	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,363,028	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			5,172,132	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,741,727	31

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		4,813,763	4,813,763	3,810,286	1
2	00200				6,610,440	2
3	00300					3
4	00400	947,576	1,414,012	2,361,588	-9,913	4
5	00500	12,277,498	29,898,996	42,176,494	-917,579	5
6	00600					6
7	00700	2,859,599	5,402,561	8,262,160	-284,588	7
8	00800	175,553	566,727	742,280	-2,484	8
9	00900	1,513,606	1,008,162	2,521,768	-28,351	9
10	01000	1,506,529	1,638,392	3,144,921	-1,837,658	10
11	01100				1,809,521	11
12	01200					12
13	01300	1,703,743	603,601	2,307,344	-31,218	13
14	01400					14
15	01500	1,935,544	9,250,473	11,186,017	-8,676,065	15
16	01600	1,059,787	1,173,901	2,233,688	16,826	16
17	01700				851,577	17
19	01900					19
20	02000					20
21	02100					21
22	02200		442,334	442,334		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,461,279	6,577,883	24,039,162	-916,093	30
31	03100	4,637,995	1,457,732	6,095,727	-146,800	31
34.10	02060	1,015,921	655,641	1,671,562	-35,180	34.10
40	04000	1,261,526	351,197	1,612,723	-10,356	40
43	04300				505,431	43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,344,852	9,951,429	14,296,281	-7,523,032	50
52	05200	2,080,401	976,763	3,057,164	-196,200	52
53	05300	106,125	447,278	553,403	-93,830	53
54	05400	2,615,148	2,754,819	5,369,967	-1,455,676	54
54.01	03440					54.01
55	05500	945,449	1,725,944	2,671,393	-524,102	55
56	05600	372,326	909,089	1,281,415	66,152	56
56.10	03630	895,655	380,650	1,276,305	119,787	56.10
57	05700	674,855	590,883	1,265,738	-9,716	57
58	05800	274,970	691,249	966,219	-252,292	58
59	05900	397,170	2,342,675	2,739,845	-1,964,856	59
60	06000	3,654,881	6,020,690	9,675,571	-206,068	60
62.30	06250					62.30
65	06500	1,756,596	985,862	2,742,458	-106,066	65
65.01	03952	137,263	96,658	233,921	-15,600	65.01
66	06600	1,407,139	431,219	1,838,358	-18,678	66
67	06700					67
68	06800	198,549	56,784	255,333	-457	68
69	06900	737,616	651,211	1,388,827	-203,538	69
69.01	06901					69.01
70	07000	45,870	47,624	93,494	-11,201	70
71	07100	612,464	1,258,663	1,871,127	-804,286	71
72	07200				8,455,031	72
73	07300				8,439,323	73
74	07400	522,760	295,381	818,141	-21,538	74
75.10	03340	1,013,257	1,134,715	2,147,972	-271,363	75.10
76	03951					76
76.10	03950					76.10
76.20	03290					76.20
76.30	03953		76,446	76,446		76.30
76.40	03040					76.40
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	320,057	199,734	519,791	-57,624	90
90.01	09001	239,748	151,226	390,974	-5,644	90.01
91	09100	3,737,898	1,908,751	5,646,649	-116,363	91
92	09200					92
93	04951	937,550	294,318	1,231,868	-5,645	93
93.10	04950	365,113	294,734	659,847	-29,127	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	2,269,346	1,125,893	3,395,239	-129,974	101

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
SPECIAL PURPOSE COST CENTERS						
113	11300		3,716,383	3,716,383	-3,716,383	113
	INTEREST EXPENSE					
116	11600	1,086,526	753,196	1,839,722	-20,179	116
	HOSPICE					
117	06950	158,247	64,610	222,857	-2,289	117
	MOBILE MED					
118		80,263,987	105,590,252	185,854,239	26,362	118
	SUBTOTALS (SUM OF LINES 1-117)					
NONREIMBURSABLE COST CENTERS						
190	19000					190
	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
191.10	19101	107,848	36,130	143,978	-5,456	191.10
	ADULT DAY CARE					
192	19200	377,945	388,420	766,365	-20,906	192
	PHYSICIANS' PRIVATE OFFICES					
192.01	19201					192.01
	VACANT SPACE					
194	07950					194
	FUND DEVELOPMENT					
200		80,749,780	106,014,802	186,764,582		200
	TOTAL (SUM OF LINES 118-199)					

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	8,624,049	-3,924,556	4,699,493	1
2	00200	6,610,440	-10,857	6,599,583	2
3	00300				3
4	00400	2,351,675	-115,667	2,236,008	4
5	00500	41,258,915	-14,935,646	26,323,269	5
6	00600				6
7	00700	7,977,572	-34,801	7,942,771	7
8	00800	739,796	-1,607	738,189	8
9	00900	2,493,417	-4,680	2,488,737	9
10	01000	1,307,263	-25,066	1,282,197	10
11	01100	1,809,521	-708,123	1,101,398	11
12	01200				12
13	01300	2,276,126	-5,800	2,270,326	13
14	01400				14
15	01500	2,509,952	-57,922	2,452,030	15
16	01600	2,250,514	-10,678	2,239,836	16
17	01700	851,577		851,577	17
19	01900				19
20	02000				20
21	02100				21
22	02200	442,334		442,334	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	23,123,069	-1,697,252	21,425,817	30
31	03100	5,948,927		5,948,927	31
34.10	02060	1,636,382	-346,747	1,289,635	34.10
40	04000	1,602,367	-25,302	1,577,065	40
43	04300	505,431		505,431	43
ANCILLARY SERVICE COST CENTERS					
50	05000	6,773,249	-69,373	6,703,876	50
52	05200	2,860,964	-58,614	2,802,350	52
53	05300	459,573	-9,914	449,659	53
54	05400	3,914,291	-20,482	3,893,809	54
54.01	03440				54.01
55	05500	2,147,291	-105,000	2,042,291	55
56	05600	1,347,567		1,347,567	56
56.10	03630	1,396,092		1,396,092	56.10
57	05700	1,256,022		1,256,022	57
58	05800	713,927		713,927	58
59	05900	774,989	-13,091	761,898	59
60	06000	9,469,503	-397,770	9,071,733	60
62.30	06250				62.30
65	06500	2,636,392	-58,821	2,577,571	65
65.01	03952	218,321	-80	218,241	65.01
66	06600	1,819,680		1,819,680	66
67	06700				67
68	06800	254,876		254,876	68
69	06900	1,185,289	-14,127	1,171,162	69
69.01	06901				69.01
70	07000	82,293		82,293	70
71	07100	1,066,841		1,066,841	71
72	07200	8,455,031		8,455,031	72
73	07300	8,439,323		8,439,323	73
74	07400	796,603	-6,391	790,212	74
75.10	03340	1,876,609		1,876,609	75.10
76	03951				76
76.10	03950				76.10
76.20	03290				76.20
76.30	03953	76,446	-47,817	28,629	76.30
76.40	03040				76.40
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	462,167	19,026	481,193	90
90.01	09001	385,330		385,330	90.01
91	09100	5,530,286	-78,620	5,451,666	91
92	09200				92
93	04951	1,226,223	-9,514	1,216,709	93
93.10	04950	630,720	-22,239	608,481	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	3,265,265	-505	3,264,760	101

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	
SPECIAL PURPOSE COST CENTERS					
113	11300				113
	INTEREST EXPENSE				
116	11600				116
	HOSPICE	1,819,543	-5,160	1,814,383	
117	06950				117
	MOBILE MED	220,568		220,568	
118					118
	SUBTOTALS (SUM OF LINES 1-117)	185,880,601	-22,803,196	163,077,405	
NONREIMBURSABLE COST CENTERS					
190	19000				190
	GIFT, FLOWER, COFFEE SHOP & CANTEEN				
191.10	19101				191.10
	ADULT DAY CARE	138,522		138,522	
192	19200				192
	PHYSICIANS' PRIVATE OFFICES	745,459		745,459	
192.01	19201				192.01
	VACANT SPACE				
194	07950				194
	FUND DEVELOPMENT				
200					200
	TOTAL (SUM OF LINES 118-199)	186,764,582	-22,803,196	163,961,386	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	73			8,439,323 1
500 TOTAL RECLASSIFICATIONS						8,439,323 500
CODE LETTER - A						
1 CAFETERIA COSTS	B	CAFETERIA	11		866,825	942,696 1
500 TOTAL RECLASSIFICATIONS					866,825	942,696 500
CODE LETTER - B						
1 HHA/HOSPICE BILLING/PLANT COSTS	D	ADMINISTRATIVE & GENERAL	5		62,138	11,883 1
2		MEDICAL RECORDS & LIBRARY	16		33,193	6,391 2
500 TOTAL RECLASSIFICATIONS					95,331	18,274 500
CODE LETTER - D						
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1			3,716,383 1
500 TOTAL RECLASSIFICATIONS						3,716,383 500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	I	RADIOISOTOPE	56		67,461	34,533 1
2		ULTRASOUND	56.10		151,885	77,748 2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57		125,682	64,335 3
4		MAGNETIC RESONANCE IMAGING (M	58		75,446	38,620 4
500 TOTAL RECLASSIFICATIONS					420,474	215,236 500
CODE LETTER - I						
1 NURSERY COSTS	J	NURSERY	43		397,828	107,603 1
500 TOTAL RECLASSIFICATIONS					397,828	107,603 500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1		CAP REL COSTS-MVBLE EQUIP	2		6,610,440	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
500 TOTAL RECLASSIFICATIONS					6,610,440	500
CODE LETTER -						
1 UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	17	719,906	131,671	1
500 TOTAL RECLASSIFICATIONS				719,906	131,671	500
CODE LETTER - L						
1 MATERIALS MANAGEMENT COSTS	N	ADMINISTRATIVE & GENERAL	5	418,935	258,513	1
500 TOTAL RECLASSIFICATIONS				418,935	258,513	500
CODE LETTER - N						
1 PROPERTY INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1		93,903	1
500 TOTAL RECLASSIFICATIONS					93,903	500
CODE LETTER - O						
1 IMPLANT COSTS	P	IMPL. DEV. CHARGED TO PATIENT	72		8,455,031	1
2						2
500 TOTAL RECLASSIFICATIONS					8,455,031	500
CODE LETTER - P						
GRAND TOTAL (INCREASES)				2,919,299	28,989,073	

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 DRUGS CHGD TO PAT. 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	PHARMACY	15		8,439,323	1 500
1 CAFETERIA COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	DIETARY	10	866,825	942,696	1 500
1 HHA/HOSPICE BILLING/PLANT COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	HOME HEALTH AGENCY HOSPICE	101 116	79,104 16,227	14,887 3,387	1 2 500
1 INTEREST EXPENSE 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	INTEREST EXPENSE	113		3,716,383	9 1 500
1 RADIOLOGY ADMIN COSTS 2 3 4 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	RADIOLOGY-DIAGNOSTIC	54	420,474	215,236	1 2 3 4 500
1 NURSERY COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - J	J	ADULTS & PEDIATRICS	30	397,828	107,603	1 500

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		EMPLOYEE BENEFITS	4		9,913	9 1
2		ADMINISTRATIVE & GENERAL	5		723,568	2
3		OPERATION OF PLANT	7		284,588	3
4		LAUNDRY & LINEN SERVICE	8		2,484	4
5		HOUSEKEEPING	9		28,351	5
6		DIETARY	10		28,137	6
7		NURSING ADMINISTRATION	13		31,218	7
8		PHARMACY	15		236,742	8
9		MEDICAL RECORDS & LIBRARY	16		22,758	9
10		ADULTS & PEDIATRICS	30		410,662	10
11		INTENSIVE CARE UNIT	31		146,800	11
12		NICU	34.10		35,180	12
13		SUBPROVIDER - IPF	40		10,356	13
14		OPERATING ROOM	50		741,581	14
15		DELIVERY ROOM & LABOR ROOM	52		196,200	15
16		ANESTHESIOLOGY	53		93,830	16
17		RADIOLOGY-DIAGNOSTIC	54		819,966	17
18		RADIOLOGY-THERAPEUTIC	55		524,102	18
19		RADIOISOTOPE	56		35,842	19
20		ULTRASOUND	56.10		109,846	20
21		COMPUTED TOMOGRAPHY (CT) SCAN	57		199,733	21
22		MAGNETIC RESONANCE IMAGING (M	58		366,358	22
23		CARDIAC CATHETERIZATION	59		291,276	23
24		LABORATORY	60		206,068	24
25		RESPIRATORY THERAPY	65		106,066	25
26		SLEEP LAB	65.01		15,600	26
27		PHYSICAL THERAPY	66		18,678	27
28		SPEECH PATHOLOGY	68		457	28
29		ELECTROCARDIOLOGY	69		203,538	29
30		ELECTROENCEPHALOGRAPHY	70		11,201	30
31		MEDICAL SUPPLIES CHRGD TO PA	71		126,838	31
32		RENAL DIALYSIS	74		21,538	32
33		GI LAB	75.10		271,363	33
34		CLINIC	90		57,624	34
35		PALOS DIAGNOSTIC CENTER	90.01		5,644	35
36		EMERGENCY	91		116,363	36
37		OUTPATIENT REHAB	93		5,645	37
38		WOUND CARE CENTER	93.10		29,127	38
39		HOME HEALTH AGENCY	101		35,983	39
40		HOSPICE	116		565	40
41		ADULT DAY CARE	191.10		5,456	41
42		PHYSICIANS' PRIVATE OFFICES	192		20,906	42
43		MOBILE MED	117		2,289	43
500		TOTAL RECLASSIFICATIONS			6,610,440	500
		CODE LETTER -				
1	L	UTIL/QUALITY MANAGEMENT COSTS	5	719,906	131,671	1
500		TOTAL RECLASSIFICATIONS		719,906	131,671	500
		CODE LETTER - L				
1	N	MATERIALS MANAGEMENT COSTS	71	418,935	258,513	1
500		TOTAL RECLASSIFICATIONS		418,935	258,513	500
		CODE LETTER - N				
1	O	PROPERTY INSURANCE	5		93,903	9 1
500		TOTAL RECLASSIFICATIONS			93,903	500
		CODE LETTER - O				
1	P	IMPLANT COSTS	50		6,781,451	1
2			59		1,673,580	2
500		TOTAL RECLASSIFICATIONS			8,455,031	500
		CODE LETTER - P				
		GRAND TOTAL (DECREASES)		2,919,299	28,989,073	

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	8,933,317	21,006		21,006		8,954,323	1
2 LAND IMPROVEMENTS	9,396,494				52,755	9,343,739	2
3 BUILDINGS AND FIXTURES	144,330,662	746,527		746,527		145,077,189	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	91,757,400	4,215,938		4,215,938	5,321,891	90,651,447	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	254,417,873	4,983,471		4,983,471	5,374,646	254,026,698	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	254,417,873	4,983,471		4,983,471	5,374,646	254,026,698	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,813,763						4,813,763 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	4,813,763						4,813,763 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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 (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,699,493						4,699,493 1
2 CAP REL COSTS-MVBLE EQUIP	6,599,583						6,599,583 2
3 TOTAL	11,299,076						11,299,076 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)	B	-100,668	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-72,983	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					10
9 PARKING LOT (CHAPTER 21)					11
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,611,584			12
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					13
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-67,142			14
13 LAUNDRY AND LINEN SERVICE					15
14 CAFETERIA - EMPLOYEES AND GUESTS					16
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
17 SALE OF DRUGS TO OTHER THAN PATIENTS					19
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-10,678	MEDICAL RECORDS & LIBRARY	16	20
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
20 VENDING MACHINES					22
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					23
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				25
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	26
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	27
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	28
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	29
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	30
29 PHYSICIANS' ASSISTANT					31
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	32
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	33
32 CAH HIT ADJ FOR DEPRECIATION AND					34
33					35
33.01 VOLUNTEER RESOURCES MISC REVENUE	B	-1,813	ADMINISTRATIVE & GENERAL	5	33.01
33.03 LABORATORY REVENUES	B	-238,004	LABORATORY	60	33.03
33.04 PHARMACY MISC REVENUE	B	-57,922	PHARMACY	15	33.04
33.05 RADIOLOGY ADMIN	B	-1,350	RADIOLOGY-DIAGNOSTIC	54	33.05
33.07 RADIOLOGY SILVER	B	-19,132	RADIOLOGY-DIAGNOSTIC	54	33.07
33.09 HUMAN RESOURCES MISC REVENUE	B	-870	EMPLOYEE BENEFITS	4	33.09
33.14 OTHER REVENUE CLINIC	B	-525	CLINIC	90	33.14
33.15 TELE & COMM MISC REVENUE	B	-1,682	ADMINISTRATIVE & GENERAL	5	33.15
33.16 ANSWERING SVCE INCOME	B	-252,783	ADMINISTRATIVE & GENERAL	5	33.16
33.18 NURSING ADMIN OTHER REVENUE	B	-5,800	NURSING ADMINISTRATION	13	33.18
33.25 CAFETERIA REVENUE	B	-708,123	CAFETERIA	11	33.25
33.26 VENDING MACHINE REVENUE	B	-15,332	DIETARY	10	33.26
33.27 MEDICAL STAFF APPLICATION REVENUE	B	-16,040	ADMINISTRATIVE & GENERAL	5	33.27
33.28 HOUSEKEEPING	B	-4,680	HOUSEKEEPING	9	33.28
33.29 EMPLOYEE HEALTH	A	-114,797	EMPLOYEE BENEFITS	4	33.29
33.30 BUS OFFICE/ADMITTING REVENUE	B	-3,056	ADMINISTRATIVE & GENERAL	5	33.30
33.31 EMPLOYEE HEALTH CARE	A	-1,775	ADMINISTRATIVE & GENERAL	5	33.31
33.32 MOTHER BABY	B	-4,478	ADULTS & PEDIATRICS	30	33.32
33.33 SECURITY PURCH SERVICES REVENUE	B	-34,492	OPERATION OF PLANT	7	33.33
33.35 ENGINEERING AFFILIATES OTHER OPERA	B	-309	OPERATION OF PLANT	7	33.35
33.39 LINEN OTHER REVENUE	B	-1,607	LAUNDRY & LINEN SERVICE	8	33.39
33.41 HEALTH EDUCATION CENTER REVENUE	B	-40,185	ADMINISTRATIVE & GENERAL	5	33.41
33.42 OTHER REVENUE	B	-80	SLEEP LAB	65.01	33.42
33.43 AFFILIATES REVENUE	B	-310,937	ADMINISTRATIVE & GENERAL	5	33.43
33.44 ACCTG REVENUE	B	-49,497	ADMINISTRATIVE & GENERAL	5	33.44
33.45 MISCELLANEOUS REVENUE	B	-29,983	ADMINISTRATIVE & GENERAL	5	33.45
33.50 EKG OTHER REVENUE	B	-3,102	ELECTROCARDIOLOGY	69	33.50
33.51 INTEREST INCOME NETTED FROM EXPENS	A	69,488	CAP REL COSTS-BLDG & FIXT	1	9 33.51

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
33.52 NON-ALLOWABLE ADMIN COSTS	A	-437,466	ADMINISTRATIVE & GENERAL	5	9 33.52
33.53 MATERIALS MANAGEMENT REVENUE	B	-53,997	ADMINISTRATIVE & GENERAL	5	33.53
33.56 HOSPICE OTHER REV	B	-5,160	HOSPICE	116	33.56
33.57 HHA OTHER REV	B	-505	HOME HEALTH AGENCY	101	33.57
33.58 DIETARY OTHER REVENUE	B	-9,734	DIETARY	10	33.58
33.59 MALPRACTICE SELF INSURANCE	A	-6,588,714	ADMINISTRATIVE & GENERAL	5	33.59
34 CARE DEPOT OTHER REV	B	-1,122	ADULTS & PEDIATRICS	30	34
34.02 VOLUNTEER SERVICES	A	-733,703	ADMINISTRATIVE & GENERAL	5	34.02
34.04 OAK LAWN LAB COSTS	A	-130,058	LABORATORY	60	34.04
34.05 NON-ALLOWABLE DUES	A	-11,159	ADMINISTRATIVE & GENERAL	5	9 34.05
34.06 DEPR TELEPHONES, PATIENT PORTION	A	-10,857	CAP REL COSTS-MVBLE EQUIP	2	9 34.06
34.07 NON-ALLOWABLE INTEREST EXPENSE	A	-3,685,203	CAP REL COSTS-BLDG & FIXT	1	9 34.07
34.08 MARKETING COSTS	A	-894,266	ADMINISTRATIVE & GENERAL	5	9 34.08
34.24 EMPLOYEE HEALTH COSTS	A	-2,870,956	ADMINISTRATIVE & GENERAL	5	34.24
34.26 PHYSICIAN MATCH EXPENSES	A	-85,975	ADMINISTRATIVE & GENERAL	5	34.26
34.40 NON-ALLOWABLE DEPRECIATION	A	-140,674	CAP REL COSTS-BLDG & FIXT	1	9 34.40
34.56 RENTAL REVENUE	B	-93,689	CAP REL COSTS-BLDG & FIXT	1	9 34.56
34.64 CHICAGO RIDGE HEALTH EDUCATION COS	A	-310,321	ADMINISTRATIVE & GENERAL	5	34.64
34.65 SURGERY OTHER REV	B	-116	OPERATING ROOM	50	34.65
34.67 LABOR DEL RM OTHER REV	B	-100	DELIVERY ROOM & LABOR ROOM	52	34.67
34.68 TAXES	A	-27,500	ADMINISTRATIVE & GENERAL	5	34.68
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-22,803,196			
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	76.30 OS SVCS	MRI PROCEDURES	28,629	76,446	-47,817	1
2						2
3	1 CAP REL COSTS-BLDG & FIXT	POTTER PAV DEPR COSTS	26,190		26,190	9 3
4	5 ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COS	18,430	83,496	-65,066	4
4.01	90 CLINIC	POTTER PAV COSTS	19,551		19,551	4.01
5	TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		92,800	159,942	-67,142	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	C SW HOSPITAL MRI					6
7	C LCM INC.					7
8						8
9						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	5 ADMINISTRATIVE & GENERAL AGGREGATE	2,084,081	1,845,841	238,240	177,800	97	8,292	415	1
2	30 ADULTS & PEDIATRICS AGGREGATE	1,728,836	1,683,636	45,200	177,800	435	37,184	1,859	2
3	34.10 NICU	346,833		346,833	177,800	1	86	4	3
4	40 SUBPROVIDER - IPF	35,560		35,560	177,800	120	10,258	513	4
5	50 OPERATING ROOM	69,343		69,343	177,800	1	86	4	5
6	52 DELIVERY ROOM & LABOR RO	58,600		58,600	177,800	1	86	4	6
7	53 ANESTHESIOLOGY	10,000		10,000	177,800	1	86	4	7
9	55 RADIOLOGY-THERAPEUTIC AGGREGATE	105,000	105,000						9
10	59 CARDIAC CATHETERIZATION	36,855		36,855	177,800	278	23,764	1,188	10
11	60 LABORATORY	29,794		29,794	177,800	1	86	4	11
12	65 RESPIRATORY THERAPY	97,800		97,800	177,800	456	38,979	1,949	12
13	69 ELECTROCARDIOLOGY	131,040		131,040	177,800	1,404	120,015	6,001	13
14	74 RENAL DIALYSIS	18,700		18,700	177,800	144	12,309	615	14
16	91 EMERGENCY	123,070		123,070	177,800	520	44,450	2,223	16
17	93 OUTPATIENT REHAB	9,600		9,600	177,800	1	86	4	17
18	93.10 WOUND CARE CENTER	42,840		42,840	177,800	241	20,601	1,030	18
200	TOTAL	4,927,952	3,634,477	1,293,475		3,701	316,368	15,817	200

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	5 ADMINISTRATIVE & GENERAL					8,292	229,948	2,075,789	1
2	30 ADULTS & PEDIATRICS					37,184	8,016	1,691,652	2
3	34.10 NICU					86	346,747	346,747	3
4	40 SUBPROVIDER - IPF					10,258	25,302	25,302	4
5	50 OPERATING ROOM					86	69,257	69,257	5
6	52 DELIVERY ROOM & LABOR RO					86	58,514	58,514	6
7	53 ANESTHESIOLOGY					86	9,914	9,914	7
9	55 RADIOLOGY-THERAPEUTIC							105,000	9
10	59 CARDIAC CATHETERIZATION					23,764	13,091	13,091	10
11	60 LABORATORY					86	29,708	29,708	11
12	65 RESPIRATORY THERAPY					38,979	58,821	58,821	12
13	69 ELECTROCARDIOLOGY					120,015	11,025	11,025	13
14	74 RENAL DIALYSIS					12,309	6,391	6,391	14
16	91 EMERGENCY					44,450	78,620	78,620	16
17	93 OUTPATIENT REHAB					86	9,514	9,514	17
18	93.10 WOUND CARE CENTER					20,601	22,239	22,239	18
200	TOTAL					316,368	977,107	4,611,584	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,699,493	4,699,493				1
2 CAP REL COSTS-MVBLE EQUIP	6,599,583		6,599,583			2
4 EMPLOYEE BENEFITS	2,236,008	52,073	9,897	2,297,978		4
5 ADMINISTRATIVE & GENERAL	26,323,269	504,628	722,384	353,298	27,903,579	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,942,771	1,168,584	284,122	104,646	9,500,123	7
8 LAUNDRY & LINEN SERVICE	738,189	65,280	2,480	9,826	815,775	8
9 HOUSEKEEPING	2,488,737	84,397	28,305	93,092	2,694,531	9
10 DIETARY	1,282,197	76,999	11,928	31,849	1,402,973	10
11 CAFETERIA	1,101,398	82,866	16,123	43,156	1,243,543	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,270,326	15,917	31,167	43,147	2,360,557	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,452,030	40,311	236,355	42,434	2,771,130	15
16 MEDICAL RECORDS & LIBRARY	2,239,836	49,241	22,721	40,147	2,351,945	16
17 SOCIAL SERVICE	851,577	14,566		19,676	885,819	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	442,334	22,043			464,377	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,425,817	767,842	390,185	479,872	23,063,716	30
31 INTENSIVE CARE UNIT	5,948,927	81,320	146,560	110,538	6,287,345	31
34.10 NICU	1,289,635	7,535	35,122	21,148	1,353,440	34.10
40 SUBPROVIDER - IPF	1,577,065	99,143	10,339	32,084	1,718,631	40
43 NURSERY	505,431	7,793	19,806	9,642	542,672	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,703,876	232,205	740,368	119,427	7,795,876	50
52 DELIVERY ROOM & LABOR ROOM	2,802,350	80,781	195,879	50,569	3,129,579	52
53 ANESTHESIOLOGY	449,659	1,510	93,676	3,934	548,779	53
54 RADIOLOGY-DIAGNOSTIC	3,893,809	154,034	818,623	54,900	4,921,366	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,042,291	233,952	523,245	20,915	2,820,403	55
56 RADIOISOTOPE	1,347,567	43,597	35,783	9,759	1,436,706	56
56.10 ULTRASOUND	1,396,092	7,578	109,666	21,972	1,535,308	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,256,022	13,487	199,406	18,181	1,487,096	57
58 MAGNETIC RESONANCE IMAGING (MRI)	713,927		365,759	10,414	1,090,100	58
59 CARDIAC CATHETERIZATION	761,898	4,601	290,799	8,762	1,066,060	59
60 LABORATORY	9,071,733	94,577	205,731	117,528	9,489,569	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,577,571	56,193	105,892	48,994	2,788,650	65
65.01 SLEEP LAB	218,241		15,574	5,167	238,982	65.01
66 PHYSICAL THERAPY	1,819,680	52,562	18,647	33,249	1,924,138	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	254,876	5,133	456	4,166	264,631	68
69 ELECTROCARDIOLOGY	1,171,162	36,954	203,205	23,672	1,434,993	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	82,293	11,216	11,183	2,204	106,896	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,066,841	55,833	126,630	10,965	1,260,269	71
72 IMPL. DEV. CHARGED TO PATIENT	8,455,031				8,455,031	72
73 DRUGS CHARGED TO PATIENTS	8,439,323				8,439,323	73
74 RENAL DIALYSIS	790,212	2,718	21,503	9,379	823,812	74
75.10 GI LAB	1,876,609	31,102	270,919	25,620	2,204,250	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	28,629				28,629	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	481,193	32,863	57,530	8,852	580,438	90
90.01 PALOS DIAGNOSTIC CENTER	385,330		5,635	9,695	400,660	90.01
91 EMERGENCY	5,451,666	84,979	116,173	100,231	5,753,049	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	1,216,709	111,624	5,636	24,942	1,358,911	93
93.10 WOUND CARE CENTER	608,481	8,627	29,079	8,568	654,755	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,264,760	29,297	35,924	60,738	3,390,719	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,814,383	7,959	564	32,275	1,855,181	116
117 MOBILE MED	220,568		2,285	3,598	226,451	117
118 SUBTOTALS (SUM OF LINES 1-117)	163,077,405	4,533,920	6,573,264	2,283,231	162,870,766	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		24,566			24,566	190
191.10 ADULT DAY CARE	138,522		5,447	3,442	147,411	191.10
192 PHYSICIANS' PRIVATE OFFICES	745,459	34,294	20,872	11,305	811,930	192
192.01 VACANT SPACE		103,370			103,370	192.01
194 FUND DEVELOPMENT		3,343			3,343	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	163,961,386	4,699,493	6,599,583	2,297,978	163,961,386	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND 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	27,903,579					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,948,342	11,448,465				7
8 LAUNDRY & LINEN SERVICE	167,304	251,280	1,234,359			8
9 HOUSEKEEPING	552,611	324,865		3,572,007		9
10 DIETARY	287,730	296,389		97,376	2,084,468	10
11 CAFETERIA	255,033	318,971		104,795		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	484,117	61,270		20,130		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	568,320	155,168		50,979		15
16 MEDICAL RECORDS & LIBRARY	482,351	189,539		62,272		16
17 SOCIAL SERVICE	181,669	56,068		18,421		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	95,237	84,849		27,876		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,730,073	2,955,615	285,670	971,041	1,707,777	30
31 INTENSIVE CARE UNIT	1,289,446	313,021	62,095	102,840	243,357	31
34.10 NICU	277,572	29,002	2,847	9,528		34.10
40 SUBPROVIDER - IPF	352,467	381,625	8,325	125,380	133,334	40
43 NURSERY	111,294	29,999	4,643	9,856		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,598,825	893,815	592,374	293,655		50
52 DELIVERY ROOM & LABOR ROOM	641,833	310,945	86,550	102,158		52
53 ANESTHESIOLOGY	112,547	5,812		1,909		53
54 RADIOLOGY-DIAGNOSTIC	1,009,303	592,916	32,576	194,797		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	578,425	900,540	10,505	295,865		55
56 RADIOISOTOPE	294,648	167,815	4,754	55,134		56
56.10 ULTRASOUND	314,870	29,168	13,154	9,583		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	304,983	51,916	9,514	17,057		57
58 MAGNETIC RESONANCE IMAGING (MRI)	223,564		2,417			58
59 CARDIAC CATHETERIZATION	218,634	17,711	2,098	5,819		59
60 LABORATORY	1,946,178	364,052	2,840	119,606		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	571,913	216,300	51	71,064		65
65.01 SLEEP LAB	49,012		1,170			65.01
66 PHYSICAL THERAPY	394,614	202,325	10,048	66,472		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	54,272	19,759		6,492		68
69 ELECTROCARDIOLOGY	294,297	142,244	4,004	46,733		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	21,923	43,171	686	14,184		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	258,464	214,916	51	70,609		71
72 IMPL. DEV. CHARGED TO PATIENT	1,734,008					72
73 DRUGS CHARGED TO PATIENTS	1,730,787					73
74 RENAL DIALYSIS	168,952	10,461	4,725	3,437		74
75.10 GI LAB	452,061	119,718	14,953	39,332		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	5,871					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	119,040	126,498	1,768	41,560		90
90.01 PALOS DIAGNOSTIC CENTER	82,170					90.01
91 EMERGENCY	1,179,870	327,107	71,360	107,468		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	278,694	429,667	216	141,163		93
93.10 WOUND CARE CENTER	134,281	33,209	4,869	10,910		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
101	HOME HEALTH AGENCY	695,389	112,772		37,050		101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	380,472	30,635		10,065		116
117	MOBILE MED	46,442					117
118	SUBTOTALS (SUM OF LINES 1-117)	27,679,908	10,811,133	1,234,263	3,362,616	2,084,468	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,038	94,562		31,068		190
191.10	ADULT DAY CARE	30,232		36			191.10
192	PHYSICIANS' PRIVATE OFFICES	166,515	132,005	60	43,369		192
192.01	VACANT SPACE	21,200	397,897		130,726		192.01
194	FUND DEVELOPMENT	686	12,868		4,228		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	27,903,579	11,448,465	1,234,359	3,572,007	2,084,468	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
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	1,922,342					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	52,861	2,978,935				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	51,987		3,597,584			15
16 MEDICAL RECORDS & LIBRARY	49,185			3,135,292		16
17 SOCIAL SERVICE	24,106				1,166,083	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	587,900	1,169,336	3,011	379,219	952,457	30
31 INTENSIVE CARE UNIT	135,423	269,356	128	80,492	135,732	31
34.10 NICU	25,909	51,533	564	12,946	19,590	34.10
40 SUBPROVIDER - IPF	39,306	78,180	127	26,506		40
43 NURSERY	11,813	23,496		9,795		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	146,313	291,015	1,154	243,650		50
52 DELIVERY ROOM & LABOR ROOM	61,953	123,225	388	56,300		52
53 ANESTHESIOLOGY	4,820	9,587	29,620	76,603		53
54 RADIOLOGY-DIAGNOSTIC	67,260	133,779	532	149,383		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	25,624	50,965	97	88,196		55
56 RADIOISOTOPE	11,956			50,939		56
56.10 ULTRASOUND	26,919		173	66,334		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,274		7	206,875		57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,758		5	40,146		58
59 CARDIAC CATHETERIZATION	10,735		869	64,098		59
60 LABORATORY	143,987		164	472,395		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	60,024	119,387	2,272	105,367		65
65.01 SLEEP LAB	6,330		1	5,444		65.01
66 PHYSICAL THERAPY	40,734		8	34,238		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	5,103			7,367		68
69 ELECTROCARDIOLOGY	29,002		33	79,704		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	2,701	5,371		5,838		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,434		119	10,403		71
72 IMPL. DEV. CHARGED TO PATIENT				103,529		72
73 DRUGS CHARGED TO PATIENTS			3,510,545	374,453		73
74 RENAL DIALYSIS	11,490		1,644	11,151		74
75.10 GI LAB	31,388	62,430	2,919	82,625		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS			5	781		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,845	21,571	889	5,627		90
90.01 PALOS DIAGNOSTIC CENTER	11,878			4,960		90.01
91 EMERGENCY	122,796	244,240	4,887	244,759	58,304	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	30,557	60,778	8	18,354		93
93.10 WOUND CARE CENTER	10,497	20,879	1,264	16,815		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	15	16	17	
101	HOME HEALTH AGENCY		148,006	396			101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		78,647	34,787			116
117	MOBILE MED	4,408	8,767	968			117
118	SUBTOTALS (SUM OF LINES 1-117)	1,904,276	2,970,548	3,597,584	3,135,292	1,166,083	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10	ADULT DAY CARE	4,216	8,387				191.10
192	PHYSICIANS' PRIVATE OFFICES	13,850					192
192.01	VACANT SPACE						192.01
194	FUND DEVELOPMENT						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,922,342	2,978,935	3,597,584	3,135,292	1,166,083	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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					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	672,339				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	469,744	37,275,559	-469,744	36,805,815	30
31 INTENSIVE CARE UNIT		8,919,235		8,919,235	31
34.10 NICU		1,782,931		1,782,931	34.10
40 SUBPROVIDER - IPF		2,863,881		2,863,881	40
43 NURSERY		743,568		743,568	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	202,595	12,059,272	-202,595	11,856,677	50
52 DELIVERY ROOM & LABOR ROOM		4,512,931		4,512,931	52
53 ANESTHESIOLOGY		789,677		789,677	53
54 RADIOLOGY-DIAGNOSTIC		7,101,912		7,101,912	54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC		4,770,620		4,770,620	55
56 RADIOISOTOPE		2,021,952		2,021,952	56
56.10 ULTRASOUND		1,995,509		1,995,509	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,099,722		2,099,722	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,368,990		1,368,990	58
59 CARDIAC CATHETERIZATION		1,386,024		1,386,024	59
60 LABORATORY		12,538,791		12,538,791	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		3,935,028		3,935,028	65
65.01 SLEEP LAB		300,939		300,939	65.01
66 PHYSICAL THERAPY		2,672,577		2,672,577	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		357,624		357,624	68
69 ELECTROCARDIOLOGY		2,031,010		2,031,010	69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY		200,770		200,770	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,828,265		1,828,265	71
72 IMPL. DEV. CHARGED TO PATIENT		10,292,568		10,292,568	72
73 DRUGS CHARGED TO PATIENTS		14,055,108		14,055,108	73
74 RENAL DIALYSIS		1,035,672		1,035,672	74
75.10 GI LAB		3,009,676		3,009,676	75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS		35,286		35,286	76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		908,236		908,236	90
90.01 PALOS DIAGNOSTIC CENTER		499,668		499,668	90.01
91 EMERGENCY		8,113,840		8,113,840	91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB		2,318,348		2,318,348	93
93.10 WOUND CARE CENTER		887,479		887,479	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY		4,384,332		4,384,332	101
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					113
116	HOSPICE		2,389,787		2,389,787	116
117	MOBILE MED		287,036		287,036	117
118	SUBTOTALS (SUM OF LINES 1-117)	672,339	161,773,823	-672,339	161,101,484	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		155,234		155,234	190
191.10	ADULT DAY CARE		190,282		190,282	191.10
192	PHYSICIANS' PRIVATE OFFICES		1,167,729		1,167,729	192
192.01	VACANT SPACE		653,193		653,193	192.01
194	FUND DEVELOPMENT		21,125		21,125	194
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	672,339	163,961,386	-672,339	163,289,047	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	540	52,073	9,897	62,510	62,510	4
5 ADMINISTRATIVE & GENERAL	88,744	504,628	722,384	1,315,756	9,611	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,509	1,168,584	284,122	1,459,215	2,847	7
8 LAUNDRY & LINEN SERVICE		65,280	2,480	67,760	267	8
9 HOUSEKEEPING	5,946	84,397	28,305	118,648	2,532	9
10 DIETARY	904	76,999	11,928	89,831	866	10
11 CAFETERIA	1,130	82,866	16,123	100,119	1,174	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	20,782	15,917	31,167	67,866	1,174	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	6,102	40,311	236,355	282,768	1,154	15
16 MEDICAL RECORDS & LIBRARY	421	49,241	22,721	72,383	1,092	16
17 SOCIAL SERVICE		14,566		14,566	535	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		22,043		22,043		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,178	767,842	390,185	1,160,205	13,053	30
31 INTENSIVE CARE UNIT	756	81,320	146,560	228,636	3,007	31
34.10 NICU	432	7,535	35,122	43,089	575	34.10
40 SUBPROVIDER - IPF	297	99,143	10,339	109,779	873	40
43 NURSERY		7,793	19,806	27,599	262	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,925	232,205	740,368	975,498	3,249	50
52 DELIVERY ROOM & LABOR ROOM	1,450	80,781	195,879	278,110	1,376	52
53 ANESTHESIOLOGY	108	1,510	93,676	95,294	107	53
54 RADIOLOGY-DIAGNOSTIC	35,622	154,034	818,623	1,008,279	1,493	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	864	233,952	523,245	758,061	569	55
56 RADIOISOTOPE	648	43,597	35,783	80,028	265	56
56.10 ULTRASOUND	108	7,578	109,666	117,352	598	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		13,487	199,406	212,893	495	57
58 MAGNETIC RESONANCE IMAGING (MRI)			365,759	365,759	283	58
59 CARDIAC CATHETERIZATION		4,601	290,799	295,400	238	59
60 LABORATORY	3,194	94,577	205,731	303,502	3,197	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	25,528	56,193	105,892	187,613	1,333	65
65.01 SLEEP LAB	2,439		15,574	18,013	141	65.01
66 PHYSICAL THERAPY	1,080	52,562	18,647	72,289	904	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	19,416	5,133	456	25,005	113	68
69 ELECTROCARDIOLOGY	2,762	36,954	203,205	242,921	644	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY		11,216	11,183	22,399	60	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	42,616	55,833	126,630	225,079	298	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	756	2,718	21,503	24,977	255	74
75.10 GI LAB	216	31,102	270,919	302,237	697	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,381			6,381		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	198	32,863	57,530	90,591	241	90
90.01 PALOS DIAGNOSTIC CENTER	42,720		5,635	48,355	264	90.01
91 EMERGENCY	558	84,979	116,173	201,710	2,727	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	329	111,624	5,636	117,589	678	93
93.10 WOUND CARE CENTER	432	8,627	29,079	38,138	233	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 1	REL COSTS MOV EQUIP 2		2A	BENEFITS 4
101 HOME HEALTH AGENCY	2,127	29,297	35,924	67,348	1,652	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	161,466	7,959	564	169,989	878	116
117 MOBILE MED			2,285	2,285	98	117
118 SUBTOTALS (SUM OF LINES 1-117)	488,684	4,533,920	6,573,264	11,595,868	62,108	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		24,566		24,566		190
191.10 ADULT DAY CARE	108		5,447	5,555	94	191.10
192 PHYSICIANS' PRIVATE OFFICES	900	34,294	20,872	56,066	308	192
192.01 VACANT SPACE		103,370		103,370		192.01
194 FUND DEVELOPMENT		3,343		3,343		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	489,692	4,699,493	6,599,583	11,788,768	62,510	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND 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	1,325,367					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	92,541	1,554,603				7
8 LAUNDRY & LINEN SERVICE	7,946	34,122	110,095			8
9 HOUSEKEEPING	26,247	44,114		191,541		9
10 DIETARY	13,666	40,247		5,222	149,832	10
11 CAFETERIA	12,113	43,313		5,619		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	22,994	8,320		1,079		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	26,994	21,071		2,734		15
16 MEDICAL RECORDS & LIBRARY	22,910	25,738		3,339		16
17 SOCIAL SERVICE	8,629	7,613		988		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	4,523	11,522		1,495		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	224,694	401,347	25,480	52,067	122,755	30
31 INTENSIVE CARE UNIT	61,245	42,506	5,538	5,515	17,493	31
34.10 NICU	13,184	3,938	254	511		34.10
40 SUBPROVIDER - IPF	16,741	51,821	743	6,723	9,584	40
43 NURSERY	5,286	4,074	414	528		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	75,940	121,372	52,834	15,747		50
52 DELIVERY ROOM & LABOR ROOM	30,485	42,224	7,720	5,478		52
53 ANESTHESIOLOGY	5,346	789		102		53
54 RADIOLOGY-DIAGNOSTIC	47,939	80,513	2,906	10,446		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	27,474	122,286	937	15,865		55
56 RADIOISOTOPE	13,995	22,788	424	2,956		56
56.10 ULTRASOUND	14,955	3,961	1,173	514		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	14,486	7,050	849	915		57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,619		216			58
59 CARDIAC CATHETERIZATION	10,384	2,405	187	312		59
60 LABORATORY	92,438	49,435	253	6,414		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	27,164	29,372	5	3,811		65
65.01 SLEEP LAB	2,328		104			65.01
66 PHYSICAL THERAPY	18,743	27,474	896	3,564		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	2,578	2,683		348		68
69 ELECTROCARDIOLOGY	13,978	19,316	357	2,506		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,041	5,862	61	761		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,276	29,184	5	3,786		71
72 IMPL. DEV. CHARGED TO PATIENT	82,360					72
73 DRUGS CHARGED TO PATIENTS	82,207					73
74 RENAL DIALYSIS	8,025	1,420	421	184		74
75.10 GI LAB	21,472	16,257	1,334	2,109		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	279					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,654	17,177	158	2,229		90
90.01 PALOS DIAGNOSTIC CENTER	3,903					90.01
91 EMERGENCY	56,040	44,418	6,365	5,763		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	13,237	58,345	19	7,570		93
93.10 WOUND CARE CENTER	6,378	4,509	434	585		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
101	HOME HEALTH AGENCY	33,029	15,313		1,987		101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	18,071	4,160		540		116
117	MOBILE MED	2,206					117
118	SUBTOTALS (SUM OF LINES 1-117)	1,314,743	1,468,059	110,087	180,312	149,832	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	239	12,841		1,666		190
191.10	ADULT DAY CARE	1,436		3			191.10
192	PHYSICIANS' PRIVATE OFFICES	7,909	17,925	5	2,326		192
192.01	VACANT SPACE	1,007	54,031		7,010		192.01
194	FUND DEVELOPMENT	33	1,747		227		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,325,367	1,554,603	110,095	191,541	149,832	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
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	162,338					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,464	105,897				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,390		339,111			15
16 MEDICAL RECORDS & LIBRARY	4,154			129,616		16
17 SOCIAL SERVICE	2,036				34,367	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	49,647	41,569	284	15,680	28,072	30
31 INTENSIVE CARE UNIT	11,436	9,575	12	3,328	4,000	31
34.10 NICU	2,188	1,832	53	535	577	34.10
40 SUBPROVIDER - IPF	3,319	2,779	12	1,096		40
43 NURSERY	998	835		405		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,356	10,345	109	10,074		50
52 DELIVERY ROOM & LABOR ROOM	5,232	4,380	37	2,328		52
53 ANESTHESIOLOGY	407	341	2,792	3,167		53
54 RADIOLOGY-DIAGNOSTIC	5,680	4,756	50	6,177		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,164	1,812	9	3,647		55
56 RADIOISOTOPE	1,010			2,106		56
56.10 ULTRASOUND	2,273		16	2,743		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,881		1	8,554		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,077			1,660		58
59 CARDIAC CATHETERIZATION	907		82	2,650		59
60 LABORATORY	12,159		15	19,511		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	5,069	4,244	214	4,357		65
65.01 SLEEP LAB	535			225		65.01
66 PHYSICAL THERAPY	3,440		1	1,416		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	431			305		68
69 ELECTROCARDIOLOGY	2,449		3	3,296		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	228	191		241		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,134		11	430		71
72 IMPL. DEV. CHARGED TO PATIENT				4,281		72
73 DRUGS CHARGED TO PATIENTS			330,908	15,483		73
74 RENAL DIALYSIS	970		155	461		74
75.10 GI LAB	2,651	2,219	275	3,416		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS				32		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	916	767	84	233		90
90.01 PALOS DIAGNOSTIC CENTER	1,003			205		90.01
91 EMERGENCY	10,370	8,682	461	10,120	1,718	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	2,580	2,161	1	759		93
93.10 WOUND CARE CENTER	886	742	119	695		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	15	16	17	
101	HOME HEALTH AGENCY		5,261	37			101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		2,796	3,279			116
117	MOBILE MED	372	312	91			117
118	SUBTOTALS (SUM OF LINES 1-117)	160,812	105,599	339,111	129,616	34,367	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10	ADULT DAY CARE	356	298				191.10
192	PHYSICIANS' PRIVATE OFFICES	1,170					192
192.01	VACANT SPACE						192.01
194	FUND DEVELOPMENT						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	162,338	105,897	339,111	129,616	34,367	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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					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	39,583				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		2,134,853		2,134,853	30
31 INTENSIVE CARE UNIT		392,291		392,291	31
34.10 NICU		66,736		66,736	34.10
40 SUBPROVIDER - IPF		203,470		203,470	40
43 NURSERY		40,401		40,401	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,277,524		1,277,524	50
52 DELIVERY ROOM & LABOR ROOM		377,370		377,370	52
53 ANESTHESIOLOGY		108,345		108,345	53
54 RADIOLOGY-DIAGNOSTIC		1,168,239		1,168,239	54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC		932,824		932,824	55
56 RADIOISOTOPE		123,572		123,572	56
56.10 ULTRASOUND		143,585		143,585	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		247,124		247,124	57
58 MAGNETIC RESONANCE IMAGING (MRI)		379,614		379,614	58
59 CARDIAC CATHETERIZATION		312,565		312,565	59
60 LABORATORY		486,924		486,924	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		263,182		263,182	65
65.01 SLEEP LAB		21,346		21,346	65.01
66 PHYSICAL THERAPY		128,727		128,727	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		31,463		31,463	68
69 ELECTROCARDIOLOGY		285,470		285,470	69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY		30,844		30,844	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		272,203		272,203	71
72 IMPL. DEV. CHARGED TO PATIENT		86,641		86,641	72
73 DRUGS CHARGED TO PATIENTS		428,598		428,598	73
74 RENAL DIALYSIS		36,868		36,868	74
75.10 GI LAB		352,667		352,667	75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS		6,692		6,692	76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		118,050		118,050	90
90.01 PALOS DIAGNOSTIC CENTER		53,730		53,730	90.01
91 EMERGENCY		348,374		348,374	91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB		202,939		202,939	93
93.10 WOUND CARE CENTER		52,719		52,719	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS		124,627		124,627	101
113	INTEREST EXPENSE					113
116	HOSPICE		199,713		199,713	116
117	MOBILE MED		5,364		5,364	117
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		11,445,654		11,445,654	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,312		39,312	190
191.10	ADULT DAY CARE		7,742		7,742	191.10
192	PHYSICIANS' PRIVATE OFFICES		85,709		85,709	192
192.01	VACANT SPACE		165,418		165,418	192.01
194	FUND DEVELOPMENT		5,350		5,350	194
200	CROSS FOOT ADJUSTMENTS	39,583	39,583		39,583	200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	39,583	11,788,768		11,788,768	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	653,664					1
2 CAP REL COSTS-MVBLE EQUIP		6,610,400				2
4 EMPLOYEE BENEFITS	7,243	9,913	2,999,291			4
5 ADMINISTRATIVE & GENERAL	70,190	723,568	461,120	-27,903,579	136,057,807	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	162,541	284,588	136,582		9,500,123	7
8 LAUNDRY & LINEN SERVICE	9,080	2,484	12,825		815,775	8
9 HOUSEKEEPING	11,739	28,351	121,503		2,694,531	9
10 DIETARY	10,710	11,948	41,569		1,402,973	10
11 CAFETERIA	11,526	16,149	56,327		1,243,543	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,214	31,218	56,315		2,360,557	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,607	236,742	55,384		2,771,130	15
16 MEDICAL RECORDS & LIBRARY	6,849	22,758	52,399		2,351,945	16
17 SOCIAL SERVICE	2,026		25,681		885,819	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	3,066				464,377	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	106,801	390,824	626,321		23,063,716	30
31 INTENSIVE CARE UNIT	11,311	146,800	144,273		6,287,345	31
34.10 NICU	1,048	35,180	27,602		1,353,440	34.10
40 SUBPROVIDER - IPF	13,790	10,356	41,875		1,718,631	40
43 NURSERY	1,084	19,838	12,585		542,672	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,298	741,581	155,874		7,795,876	50
52 DELIVERY ROOM & LABOR ROOM	11,236	196,200	66,002		3,129,579	52
53 ANESTHESIOLOGY	210	93,830	5,135		548,779	53
54 RADIOLOGY-DIAGNOSTIC	21,425	819,966	71,655		4,921,366	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	32,541	524,102	27,298		2,820,403	55
56 RADIOISOTOPE	6,064	35,842	12,737		1,436,706	56
56.10 ULTRASOUND	1,054	109,846	28,678		1,535,308	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,876	199,733	23,730		1,487,096	57
58 MAGNETIC RESONANCE IMAGING (MRI)		366,358	13,592		1,090,100	58
59 CARDIAC CATHETERIZATION	640	291,276	11,436		1,066,060	59
60 LABORATORY	13,155	206,068	153,396		9,489,569	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	7,816	106,066	63,946		2,788,650	65
65.01 SLEEP LAB		15,600	6,744		238,982	65.01
66 PHYSICAL THERAPY	7,311	18,678	43,396		1,924,138	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	714	457	5,437		264,631	68
69 ELECTROCARDIOLOGY	5,140	203,538	30,897		1,434,993	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	11,201	2,877		106,896	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,766	126,838	14,312		1,260,269	71
72 IMPL. DEV. CHARGED TO PATIENT					8,455,031	72
73 DRUGS CHARGED TO PATIENTS					8,439,323	73
74 RENAL DIALYSIS	378	21,538	12,241		823,812	74
75.10 GI LAB	4,326	271,363	33,439		2,204,250	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS					28,629	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,571	57,624	11,554		580,438	90
90.01 PALOS DIAGNOSTIC CENTER		5,644	12,654		400,660	90.01
91 EMERGENCY	11,820	116,363	130,820		5,753,049	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	15,526	5,645	32,554		1,358,911	93
93.10 WOUND CARE CENTER	1,200	29,127	11,183		654,755	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075	35,983	79,275		3,390,719	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107	565	42,125		1,855,181	116
117 MOBILE MED		2,289	4,696		226,451	117
118 SUBTOTALS (SUM OF LINES 1-117)	630,634	6,584,038	2,980,044	-27,903,579	134,967,187	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,417				24,566	190
191.10 ADULT DAY CARE		5,456	4,492		147,411	191.10
192 PHYSICIANS' PRIVATE OFFICES	4,770	20,906	14,755		811,930	192
192.01 VACANT SPACE	14,378				103,370	192.01
194 FUND DEVELOPMENT	465				3,343	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,699,493	6,599,583	2,297,978		27,903,579	202
203 UNIT COST MULT-WS B PT I	7.189463	0.998364	0.766174		0.205086	203
204 COST TO BE ALLOC PER B PT II			62,510		1,325,367	204
205 UNIT COST MULT-WS B PT II			0.020842		0.009741	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET) 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	
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	413,690					7
8 LAUNDRY & LINEN SERVICE	9,080	1,023,523				8
9 HOUSEKEEPING	11,739		392,871			9
10 DIETARY	10,710		10,710	219,353		10
11 CAFETERIA	11,526		11,526		2,047,965	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,214		2,214		56,315	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,607		5,607		55,384	15
16 MEDICAL RECORDS & LIBRARY	6,849		6,849		52,399	16
17 SOCIAL SERVICE	2,026		2,026		25,681	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	3,066		3,066			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	106,801	236,876	106,801	179,713	626,321	30
31 INTENSIVE CARE UNIT	11,311	51,489	11,311	25,609	144,273	31
34.10 NICU	1,048	2,361	1,048		27,602	34.10
40 SUBPROVIDER - IPF	13,790	6,903	13,790	14,031	41,875	40
43 NURSERY	1,084	3,850	1,084		12,585	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,298	491,192	32,298		155,874	50
52 DELIVERY ROOM & LABOR ROOM	11,236	71,767	11,236		66,002	52
53 ANESTHESIOLOGY	210		210		5,135	53
54 RADIOLOGY-DIAGNOSTIC	21,425	27,012	21,425		71,655	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	32,541	8,711	32,541		27,298	55
56 RADIOISOTOPE	6,064	3,942	6,064		12,737	56
56.10 ULTRASOUND	1,054	10,907	1,054		28,678	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,876	7,889	1,876		23,730	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,004			13,592	58
59 CARDIAC CATHETERIZATION	640	1,740	640		11,436	59
60 LABORATORY	13,155	2,355	13,155		153,396	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	7,816	42	7,816		63,946	65
65.01 SLEEP LAB		970			6,744	65.01
66 PHYSICAL THERAPY	7,311	8,332	7,311		43,396	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	714		714		5,437	68
69 ELECTROCARDIOLOGY	5,140	3,320	5,140		30,897	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	569	1,560		2,877	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,766	42	7,766		14,312	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	378	3,918	378		12,241	74
75.10 GI LAB	4,326	12,399	4,326		33,439	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,571	1,466	4,571		11,554	90
90.01 PALOS DIAGNOSTIC CENTER					12,654	90.01
91 EMERGENCY	11,820	59,171	11,820		130,820	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	15,526	179	15,526		32,554	93
93.10 WOUND CARE CENTER	1,200	4,037	1,200		11,183	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT (SQUARE FEET) 7	AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	KEEPING SQUARE FEET 9	(MEALS SERVED) 10	(MEALS SERVED) 11	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075		4,075			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107		1,107			116
117 MOBILE MED					4,696	117
118 SUBTOTALS (SUM OF LINES 1-117)	390,660	1,023,443	369,841	219,353	2,028,718	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,417		3,417			190
191.10 ADULT DAY CARE		30			4,492	191.10
192 PHYSICIANS' PRIVATE OFFICES	4,770	50	4,770		14,755	192
192.01 VACANT SPACE	14,378		14,378			192.01
194 FUND DEVELOPMENT	465		465			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	11,448,465	1,234,359	3,572,007	2,084,468	1,922,342	202
203 UNIT COST MULT-WS B PT I	27.674019	1.205990	9.092061	9.502801	0.938660	203
204 COST TO BE ALLOC PER B PT II	1,554,603	110,095	191,541	149,832	162,338	204
205 UNIT COST MULT-WS B PT II	3.757894	0.107565	0.487542	0.683063	0.079268	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
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	1,595,581					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		8,648,567				15
16 MEDICAL RECORDS & LIBRARY			749,311,584			16
17 SOCIAL SERVICE				10,000		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					442,334	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	626,321	7,238	90,635,458	8,168	309,046	30
31 INTENSIVE CARE UNIT	144,273	308	19,238,035	1,164		31
34.10 NICU	27,602	1,356	3,094,241	168		34.10
40 SUBPROVIDER - IPF	41,875	305	6,334,992			40
43 NURSERY	12,585		2,341,004			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	155,874	2,774	58,233,631		133,288	50
52 DELIVERY ROOM & LABOR ROOM	66,002	933	13,455,941			52
53 ANESTHESIOLOGY	5,135	71,206	18,308,598			53
54 RADIOLOGY-DIAGNOSTIC	71,655	1,278	35,703,403			54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	27,298	233	21,079,464			55
56 RADIOISOTOPE			12,174,669			56
56.10 ULTRASOUND		417	15,854,245			56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		18	49,444,371			57
58 MAGNETIC RESONANCE IMAGING (MRI)		11	9,595,197			58
59 CARDIAC CATHETERIZATION		2,090	15,319,734			59
60 LABORATORY		394	112,864,124			60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	63,946	5,463	25,183,330			65
65.01 SLEEP LAB		2	1,301,238			65.01
66 PHYSICAL THERAPY		20	8,183,108			66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			1,760,656			68
69 ELECTROCARDIOLOGY		80	19,049,687			69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	2,877		1,395,363			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		286	2,486,360			71
72 IMPL. DEV. CHARGED TO PATIENT			24,744,003			72
73 DRUGS CHARGED TO PATIENTS		8,439,323	89,496,338			73
74 RENAL DIALYSIS		3,952	2,665,080			74
75.10 GI LAB	33,439	7,017	19,747,940			75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS		11	186,627			76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,554	2,138	1,344,809			90
90.01 PALOS DIAGNOSTIC CENTER			1,185,515			90.01
91 EMERGENCY	130,820	11,749	58,498,872	500		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	32,554	20	4,386,770			93
93.10 WOUND CARE CENTER	11,183	3,038	4,018,781			93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	13	15	16	17	22	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	79,275	951				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	42,125	83,628				116
117 MOBILE MED	4,696	2,328				117
118 SUBTOTALS (SUM OF LINES 1-117)	1,591,089	8,648,567	749,311,584	10,000	442,334	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10 ADULT DAY CARE	4,492					191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,978,935	3,597,584	3,135,292	1,166,083	672,339	202
203 UNIT COST MULT-WS B PT I	1.866991	0.415975	0.004184	116.608300	1.519980	203
204 COST TO BE ALLOC PER B PT II	105,897	339,111	129,616	34,367	39,583	204
205 UNIT COST MULT-WS B PT II	0.066369	0.039210	0.000173	3.436700	0.089487	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
34.10 NICU	34.10
40 SUBPROVIDER - IPF	40
43 NURSERY	43
ANCILLARY SERVICE COST CENTERS	
50 OPERATING ROOM	50
52 DELIVERY ROOM & LABOR ROOM	52
53 ANESTHESIOLOGY	53
54 RADIOLOGY-DIAGNOSTIC	54
54.01 BREAST HEALTH CENTER	54.01
55 RADIOLOGY-THERAPEUTIC	55
56 RADIOISOTOPE	56
56.10 ULTRASOUND	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58
59 CARDIAC CATHETERIZATION	59
60 LABORATORY	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	62.30
65 RESPIRATORY THERAPY	65
65.01 SLEEP LAB	65.01
66 PHYSICAL THERAPY	66
67 OCCUPATIONAL THERAPY	67
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
69.01 C-PORT	69.01
70 ELECTROENCEPHALOGRAPHY	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENT	72
73 DRUGS CHARGED TO PATIENTS	73
74 RENAL DIALYSIS	74
75.10 GI LAB	75.10
76 ENTEROSTOMAL THERAPY	76
76.10 NEUROLOGY	76.10
76.20 EMG	76.20
76.30 OS SVCS	76.30
76.40 AUDIOLOGY	76.40
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
90 CLINIC	90
90.01 PALOS DIAGNOSTIC CENTER	90.01
91 EMERGENCY	91
92 OBSERVATION BEDS	92
93 OUTPATIENT REHAB	93
93.10 WOUND CARE CENTER	93.10
OTHER REIMBURSABLE COST CENTERS	
99.10 CORF	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	99.30

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 10:59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
101	HOME HEALTH AGENCY	101
	SPECIAL PURPOSE COST CENTERS	
116	HOSPICE	116
117	MOBILE MED	117
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
191.10	ADULT DAY CARE	191.10
192	PHYSICIANS' PRIVATE OFFICES	192
192.01	VACANT SPACE	192.01
194	FUND DEVELOPMENT	194
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	36,805,815		36,805,815	8,016	36,813,831	30
31 INTENSIVE CARE UNIT	8,919,235		8,919,235		8,919,235	31
34.10 NICU	1,782,931		1,782,931	346,747	2,129,678	34.10
40 SUBPROVIDER - IPF	2,863,881		2,863,881	25,302	2,889,183	40
43 NURSERY	743,568		743,568		743,568	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,856,677		11,856,677	69,257	11,925,934	50
52 DELIVERY ROOM & LABOR ROOM	4,512,931		4,512,931	58,514	4,571,445	52
53 ANESTHESIOLOGY	789,677		789,677	9,914	799,591	53
54 RADIOLOGY-DIAGNOSTIC	7,101,912		7,101,912		7,101,912	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	4,770,620		4,770,620		4,770,620	55
56 RADIOISOTOPE	2,021,952		2,021,952		2,021,952	56
56.10 ULTRASOUND	1,995,509		1,995,509		1,995,509	56.10
57 COMPUTED TOMOGRAPHY (CT) SC	2,099,722		2,099,722		2,099,722	57
58 MAGNETIC RESONANCE IMAGING	1,368,990		1,368,990		1,368,990	58
59 CARDIAC CATHETERIZATION	1,386,024		1,386,024	13,091	1,399,115	59
60 LABORATORY	12,538,791		12,538,791	29,708	12,568,499	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	3,935,028		3,935,028	58,821	3,993,849	65
65.01 SLEEP LAB	300,939		300,939		300,939	65.01
66 PHYSICAL THERAPY	2,672,577		2,672,577		2,672,577	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	357,624		357,624		357,624	68
69 ELECTROCARDIOLOGY	2,031,010		2,031,010	11,025	2,042,035	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	200,770		200,770		200,770	70
71 MEDICAL SUPPLIES CHRGD TO	1,828,265		1,828,265		1,828,265	71
72 IMPL. DEV. CHARGED TO PATIE	10,292,568		10,292,568		10,292,568	72
73 DRUGS CHARGED TO PATIENTS	14,055,108		14,055,108		14,055,108	73
74 RENAL DIALYSIS	1,035,672		1,035,672	6,391	1,042,063	74
75.10 GI LAB	3,009,676		3,009,676		3,009,676	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	35,286		35,286		35,286	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	908,236		908,236		908,236	90
90.01 PALOS DIAGNOSTIC CENTER	499,668		499,668		499,668	90.01
91 EMERGENCY	8,113,840		8,113,840	78,620	8,192,460	91
92 OBSERVATION BEDS	2,110,412		2,110,412		2,110,412	92
93 OUTPATIENT REHAB	2,318,348		2,318,348	9,514	2,327,862	93
93.10 WOUND CARE CENTER	887,479		887,479	22,239	909,718	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,384,332		4,384,332		4,384,332	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,389,787		2,389,787		2,389,787	116
117 MOBILE MED	287,036		287,036		287,036	117
200 SUBTOTAL (SEE INSTRUCTIONS)	163,211,896		163,211,896	747,159	163,959,055	200
201 LESS OBSERVATION BEDS	2,110,412		2,110,412		2,110,412	201
202 TOTAL (SEE INSTRUCTIONS)	161,101,484		161,101,484	747,159	161,848,643	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	86,635,155		86,635,155			30
31 INTENSIVE CARE UNIT	19,238,035		19,238,035			31
34.10 NICU	3,094,241		3,094,241			34.10
40 SUBPROVIDER - IPF	6,334,992		6,334,992			40
43 NURSERY	2,341,004		2,341,004			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,507,524	25,726,107	58,233,631	0.203605	0.203605	0.204795 50
52 DELIVERY ROOM & LABOR ROOM	8,851,496	4,604,445	13,455,941	0.335386	0.335386	0.339734 52
53 ANESTHESIOLOGY	10,385,258	7,923,340	18,308,598	0.043131	0.043131	0.043673 53
54 RADIOLOGY-DIAGNOSTIC	16,893,720	18,809,683	35,703,403	0.198914	0.198914	0.198914 54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	1,469,113	19,610,351	21,079,464	0.226316	0.226316	0.226316 55
56 RADIOISOTOPE	4,703,876	7,470,793	12,174,669	0.166079	0.166079	0.166079 56
56.10 ULTRASOUND	5,834,096	10,020,149	15,854,245	0.125866	0.125866	0.125866 56.10
57 COMPUTED TOMOGRAPHY (CT) SC	21,581,922	27,862,449	49,444,371	0.042466	0.042466	0.042466 57
58 MAGNETIC RESONANCE IMAGING	4,114,691	5,480,506	9,595,197	0.142675	0.142675	0.142675 58
59 CARDIAC CATHETERIZATION	12,392,548	2,927,186	15,319,734	0.090473	0.090473	0.091328 59
60 LABORATORY	59,636,412	53,227,712	112,864,124	0.111096	0.111096	0.111360 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	22,350,421	2,832,909	25,183,330	0.156255	0.156255	0.158591 65
65.01 SLEEP LAB	9,591	1,291,647	1,301,238	0.231271	0.231271	0.231271 65.01
66 PHYSICAL THERAPY	3,288,337	4,894,771	8,183,108	0.326597	0.326597	0.326597 66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,141,070	619,586	1,760,656	0.203120	0.203120	0.203120 68
69 ELECTROCARDIOLOGY	11,467,650	7,582,037	19,049,687	0.106616	0.106616	0.107195 69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	437,047	958,316	1,395,363	0.143884	0.143884	0.143884 70
71 MEDICAL SUPPLIES CHRGD TO	2,197,710	288,650	2,486,360	0.735318	0.735318	0.735318 71
72 IMPL. DEV. CHARGED TO PATIE	17,158,723	7,585,280	24,744,003	0.415962	0.415962	0.415962 72
73 DRUGS CHARGED TO PATIENTS	67,663,277	21,833,061	89,496,338	0.157047	0.157047	0.157047 73
74 RENAL DIALYSIS	2,611,130	53,950	2,665,080	0.388608	0.388608	0.391006 74
75.10 GI LAB	5,114,996	14,632,944	19,747,940	0.152405	0.152405	0.152405 75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	181,690	4,937	186,627	0.189072	0.189072	0.189072 76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	170,505	1,174,304	1,344,809	0.675364	0.675364	0.675364 90
90.01 PALOS DIAGNOSTIC CENTER	5,590	1,179,925	1,185,515	0.421478	0.421478	0.421478 90.01
91 EMERGENCY	23,010,363	35,488,509	58,498,872	0.138701	0.138701	0.140045 91
92 OBSERVATION BEDS	307,143	3,693,160	4,000,303	0.527563	0.527563	0.527563 92
93 OUTPATIENT REHAB		4,386,770	4,386,770	0.528486	0.528486	0.530655 93
93.10 WOUND CARE CENTER	29,365	3,989,416	4,018,781	0.220833	0.220833	0.226367 93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 MOBILE MED						117
200 SUBTOTAL (SEE INSTRUCTIONS)	453,158,691	296,152,893	749,311,584			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	453,158,691	296,152,893	749,311,584			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.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,134,853		53,797	39.68	30,824	1,223,096	30
31 INTENSIVE CARE UNIT	392,291		7,330	53.52	3,785	202,573	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.10 NICU	66,736		1,059	63.02			34.10
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	203,470		4,016	50.66	1,817	92,049	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	40,401		1,810	22.32			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	2,837,751		68,012		36,426	1,517,718	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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	1,277,524	58,233,631	0.021938	18,627,728	408,655	50
52 DELIVERY ROOM & LABOR ROOM	377,370	13,455,941	0.028045	45,711	1,282	52
53 ANESTHESIOLOGY	108,345	18,308,598	0.005918	4,055,532	24,001	53
54 RADIOLOGY-DIAGNOSTIC	1,168,239	35,703,403	0.032721	10,495,759	343,432	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	932,824	21,079,464	0.044253	898,753	39,773	55
56 RADIOISOTOPE	123,572	12,174,669	0.010150	2,760,859	28,023	56
56.10 ULTRASOUND	143,585	15,854,245	0.009057	3,399,622	30,790	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	247,124	49,444,371	0.004998	12,277,066	61,361	57
58 MAGNETIC RESONANCE IMAGING (M	379,614	9,595,197	0.039563	1,995,454	78,946	58
59 CARDIAC CATHETERIZATION	312,565	15,319,734	0.020403	10,292,296	209,994	59
60 LABORATORY	486,924	112,864,124	0.004314	32,927,361	142,049	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	263,182	25,183,330	0.010451	13,998,826	146,302	65
65.01 SLEEP LAB	21,346	1,301,238	0.016404	6,461	106	65.01
66 PHYSICAL THERAPY	128,727	8,183,108	0.015731	2,280,092	35,868	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	31,463	1,760,656	0.017870	799,713	14,291	68
69 ELECTROCARDIOLOGY	285,470	19,049,687	0.014986	6,591,100	98,774	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	30,844	1,395,363	0.022105	261,245	5,775	70
71 MEDICAL SUPPLIES CHRGD TO PA	272,203	2,486,360	0.109479	1,285,340	140,718	71
72 IMPL. DEV. CHARGED TO PATIENT	86,641	24,744,003	0.003501			72
73 DRUGS CHARGED TO PATIENTS	428,598	89,496,338	0.004789	38,040,511	182,176	73
74 RENAL DIALYSIS	36,868	2,665,080	0.013834	1,884,654	26,072	74
75.10 GI LAB	352,667	19,747,940	0.017858	3,329,044	59,450	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,692	186,627	0.035858	76,981	2,760	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	118,050	1,344,809	0.087782	40,067	3,517	90
90.01 PALOS DIAGNOSTIC CENTER	53,730	1,185,515	0.045322	4,733	215	90.01
91 EMERGENCY	348,374	58,498,872	0.005955	12,308,308	73,296	91
92 OBSERVATION BEDS	122,385	4,000,303	0.030594			92
93 OUTPATIENT REHAB	202,939	4,386,770	0.046262			93
93.10 WOUND CARE CENTER	52,719	4,018,781	0.013118	28,341	372	93.10
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	8,400,584	631,668,157	631,668,157	178,711,557	2,157,998	200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 10:59

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
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
34.10 NICU					34.10
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: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 10:59

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	53,797		30,824		30
31 INTENSIVE CARE UNIT	7,330		3,785		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU	1,059				34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,016		1,817		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,810				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	68,012		36,426		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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 (14-0179) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	58,233,631			18,627,728	11,739,659	50
52 DELIVERY ROOM & LABOR ROOM	13,455,941			45,711	15,047	52
53 ANESTHESIOLOGY	18,308,598			4,055,532	2,796,050	53
54 RADIOLOGY-DIAGNOSTIC	35,703,403			10,495,759	5,092,326	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	21,079,464			898,753	9,580,306	55
56 RADIOISOTOPE	12,174,669			2,760,859	3,653,605	56
56.10 ULTRASOUND	15,854,245			3,399,622	2,292,226	56.10
57 COMPUTED TOMOGRAPHY (CT) SCA	49,444,371			12,277,066	9,916,269	57
58 MAGNETIC RESONANCE IMAGING (9,595,197			1,995,454	1,508,498	58
59 CARDIAC CATHETERIZATION	15,319,734			10,292,296	1,855,366	59
60 LABORATORY	112,864,124			32,927,361	2,084,472	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	25,183,330			13,998,826	642,723	65
65.01 SLEEP LAB	1,301,238			6,461	274,838	65.01
66 PHYSICAL THERAPY	8,183,108			2,280,092	40	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,760,656			799,713	44	68
69 ELECTROCARDIOLOGY	19,049,687			6,591,100	3,122,233	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,395,363			261,245	297,654	70
71 MEDICAL SUPPLIES CHRGD TO P	2,486,360			1,285,340	180,721	71
72 IMPL. DEV. CHARGED TO PATIEN	24,744,003					72
73 DRUGS CHARGED TO PATIENTS	89,496,338			38,040,511	10,198,955	73
74 RENAL DIALYSIS	2,665,080			1,884,654		74
75.10 GI LAB	19,747,940			3,329,044	5,065,279	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	186,627			76,981		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,344,809			40,067	435,276	90
90.01 PALOS DIAGNOSTIC CENTER	1,185,515			4,733	693,476	90.01
91 EMERGENCY	58,498,872			12,308,308	6,758,823	91
92 OBSERVATION BEDS	4,000,303				1,120,637	92
93 OUTPATIENT REHAB	4,386,770				657	93
93.10 WOUND CARE CENTER	4,018,781			28,341	2,499,741	93.10
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	631,668,157			178,711,557	81,824,921	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] 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 FROM WKST C, PT I, COL. 9 1	RATIO REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCS NOT SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.203605	11,739,659			2,390,253			50
52 DELIVERY ROOM & LABOR ROOM	0.335386	15,047			5,047			52
53 ANESTHESIOLOGY	0.043131	2,796,050			120,596			53
54 RADIOLOGY-DIAGNOSTIC	0.198914	5,092,326			1,012,935			54
54.01 BREAST HEALTH CENTER								54.01
55 RADIOLOGY-THERAPEUTIC	0.226316	9,580,306			2,168,177			55
56 RADIOISOTOPE	0.166079	3,653,605			606,787			56
56.10 ULTRASOUND	0.125866	2,292,226			288,513			56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042466	9,916,269			421,104			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.142675	1,508,498			215,225			58
59 CARDIAC CATHETERIZATION	0.090473	1,855,366			167,861			59
60 LABORATORY	0.111096	2,084,472			231,577			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.156255	642,723			100,429			65
65.01 SLEEP LAB	0.231271	274,838			63,562			65.01
66 PHYSICAL THERAPY	0.326597	40			13			66
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY	0.203120	44			9			68
69 ELECTROCARDIOLOGY	0.106616	3,122,233			332,880			69
69.01 C-PORT								69.01
70 ELECTROENCEPHALOGRAPHY	0.143884	297,654			42,828			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.735318	180,721			132,887			71
72 IMPL. DEV. CHARGED TO PATIENT	0.415962							72
73 DRUGS CHARGED TO PATIENTS	0.157047	10,198,955		24,124	1,601,715		3,789	73
74 RENAL DIALYSIS	0.388608							74
75.10 GI LAB	0.152405	5,065,279			771,974			75.10
76 ENTEROSTOMAL THERAPY								76
76.10 NEUROLOGY								76.10
76.20 EMG								76.20
76.30 OS SVCS	0.189072							76.30
76.40 AUDIOLOGY								76.40
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.675364	435,276			293,970			90
90.01 PALOS DIAGNOSTIC CENTER	0.421478	693,476			292,285			90.01
91 EMERGENCY	0.138701	6,758,823			937,456			91
92 OBSERVATION BEDS	0.527563	1,120,637			591,207			92
93 OUTPATIENT REHAB	0.528486	657			347			93
93.10 WOUND CARE CENTER	0.220833	2,499,741			552,025			93.10
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		81,824,921		24,124	13,341,662		3,789	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		81,824,921		24,124	13,341,662		3,789	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S179) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,277,524	58,233,631	0.021938	5,143	113	50
52	DELIVERY ROOM & LABOR ROOM	377,370	13,455,941	0.028045			52
53	ANESTHESIOLOGY	108,345	18,308,598	0.005918	1,245	7	53
54	RADIOLOGY-DIAGNOSTIC	1,168,239	35,703,403	0.032721	25,372	830	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	932,824	21,079,464	0.044253			55
56	RADIOISOTOPE	123,572	12,174,669	0.010150	6,377	65	56
56.10	ULTRASOUND	143,585	15,854,245	0.009057	2,263	20	56.10
57	COMPUTED TOMOGRAPHY (CT) SCAN	247,124	49,444,371	0.004998	57,733	289	57
58	MAGNETIC RESONANCE IMAGING (M	379,614	9,595,197	0.039563	8,451	334	58
59	CARDIAC CATHETERIZATION	312,565	15,319,734	0.020403			59
60	LABORATORY	486,924	112,864,124	0.004314	571,134	2,464	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	263,182	25,183,330	0.010451	84,861	887	65
65.01	SLEEP LAB	21,346	1,301,238	0.016404			65.01
66	PHYSICAL THERAPY	128,727	8,183,108	0.015731	28,344	446	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	31,463	1,760,656	0.017870	1,917	34	68
69	ELECTROCARDIOLOGY	285,470	19,049,687	0.014986	63,010	944	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	30,844	1,395,363	0.022105	2,100	46	70
71	MEDICAL SUPPLIES CHRGD TO PA	272,203	2,486,360	0.109479	6,112	669	71
72	IMPL. DEV. CHARGED TO PATIENT	86,641	24,744,003	0.003501			72
73	DRUGS CHARGED TO PATIENTS	428,598	89,496,338	0.004789	372,681	1,785	73
74	RENAL DIALYSIS	36,868	2,665,080	0.013834			74
75.10	GI LAB	352,667	19,747,940	0.017858			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	6,692	186,627	0.035858			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	118,050	1,344,809	0.087782			90
90.01	PALOS DIAGNOSTIC CENTER	53,730	1,185,515	0.045322			90.01
91	EMERGENCY	348,374	58,498,872	0.005955	190,739	1,136	91
92	OBSERVATION BEDS	122,385	4,000,303	0.030594			92
93	OUTPATIENT REHAB	202,939	4,386,770	0.046262			93
93.10	WOUND CARE CENTER	52,719	4,018,781	0.013118			93.10
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,400,584	631,668,157	631,668,157	1,427,482	10,069	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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	[XX] IPF (14-S179)	[] 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	58,233,631		5,143			50
52	DELIVERY ROOM & LABOR ROOM	13,455,941					52
53	ANESTHESIOLOGY	18,308,598		1,245			53
54	RADIOLOGY-DIAGNOSTIC	35,703,403		25,372			54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	21,079,464					55
56	RADIOISOTOPE	12,174,669		6,377			56
56.10	ULTRASOUND	15,854,245		2,263			56.10
57	COMPUTED TOMOGRAPHY (CT) SCA	49,444,371		57,733			57
58	MAGNETIC RESONANCE IMAGING (9,595,197		8,451			58
59	CARDIAC CATHETERIZATION	15,319,734					59
60	LABORATORY	112,864,124		571,134			60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	25,183,330		84,861			65
65.01	SLEEP LAB	1,301,238					65.01
66	PHYSICAL THERAPY	8,183,108		28,344			66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	1,760,656		1,917			68
69	ELECTROCARDIOLOGY	19,049,687		63,010			69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	1,395,363		2,100			70
71	MEDICAL SUPPLIES CHRGD TO P	2,486,360		6,112			71
72	IMPL. DEV. CHARGED TO PATIEN	24,744,003					72
73	DRUGS CHARGED TO PATIENTS	89,496,338		372,681			73
74	RENAL DIALYSIS	2,665,080					74
75.10	GI LAB	19,747,940					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	186,627					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,344,809					90
90.01	PALOS DIAGNOSTIC CENTER	1,185,515					90.01
91	EMERGENCY	58,498,872		190,739			91
92	OBSERVATION BEDS	4,000,303					92
93	OUTPATIENT REHAB	4,386,770					93
93.10	WOUND CARE CENTER	4,018,781					93.10
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	631,668,157		1,427,482			200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 10:59

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	REDUCED	TOTAL	PER	INPAT	INPAT PGM
	COST	CAP-REL	PATIENT	DIEM	PGM	CAP COST
	(FROM WKST	COST	DAYS	(COL. 3 +	DAYS	(COL. 5 x
	B, PT. II,	(COL. 1 MINUS		COL. 4)		COL. 6)
	COL. 26)	COL. 2)				
	1	3	4	5	6	7
	2					
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
34.10 NICU						34.10
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 (14-0179) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +		COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
56.10 ULTRASOUND					56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
65.01 SLEEP LAB					65.01
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.10 GI LAB					75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS					76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PALOS DIAGNOSTIC CENTER					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB					93
93.10 WOUND CARE CENTER					93.10
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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 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
34.10 NICU					34.10
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: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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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
34.10 NICU					34.10
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 (14-0179) [] 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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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 (14-0179) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	58,233,631						50
52 DELIVERY ROOM & LABOR ROOM	13,455,941						52
53 ANESTHESIOLOGY	18,308,598						53
54 RADIOLOGY-DIAGNOSTIC	35,703,403						54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	21,079,464						55
56 RADIOISOTOPE	12,174,669						56
56.10 ULTRASOUND	15,854,245						56.10
57 COMPUTED TOMOGRAPHY (CT) SCA	49,444,371						57
58 MAGNETIC RESONANCE IMAGING (9,595,197						58
59 CARDIAC CATHETERIZATION	15,319,734						59
60 LABORATORY	112,864,124						60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	25,183,330						65
65.01 SLEEP LAB	1,301,238						65.01
66 PHYSICAL THERAPY	8,183,108						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	1,760,656						68
69 ELECTROCARDIOLOGY	19,049,687						69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	1,395,363						70
71 MEDICAL SUPPLIES CHRGD TO P	2,486,360						71
72 IMPL. DEV. CHARGED TO PATIEN	24,744,003						72
73 DRUGS CHARGED TO PATIENTS	89,496,338						73
74 RENAL DIALYSIS	2,665,080						74
75.10 GI LAB	19,747,940						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	186,627						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,344,809						90
90.01 PALOS DIAGNOSTIC CENTER	1,185,515						90.01
91 EMERGENCY	58,498,872						91
92 OBSERVATION BEDS	4,000,303						92
93 OUTPATIENT REHAB	4,386,770						93
93.10 WOUND CARE CENTER	4,018,781						93.10
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	631,668,157						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.203605						50
52 DELIVERY ROOM & LABOR ROOM	0.335386						52
53 ANESTHESIOLOGY	0.043131						53
54 RADIOLOGY-DIAGNOSTIC	0.198914						54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.226316						55
56 RADIOISOTOPE	0.166079						56
56.10 ULTRASOUND	0.125866						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042466						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.142675						58
59 CARDIAC CATHETERIZATION	0.090473						59
60 LABORATORY	0.111096						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.156255						65
65.01 SLEEP LAB	0.231271						65.01
66 PHYSICAL THERAPY	0.326597						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	0.203120						68
69 ELECTROCARDIOLOGY	0.106616						69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	0.143884						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.735318						71
72 IMPL. DEV. CHARGED TO PATIENT	0.415962						72
73 DRUGS CHARGED TO PATIENTS	0.157047						73
74 RENAL DIALYSIS	0.388608						74
75.10 GI LAB	0.152405						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	0.189072						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.675364						90
90.01 PALOS DIAGNOSTIC CENTER	0.421478						90.01
91 EMERGENCY	0.138701						91
92 OBSERVATION BEDS	0.527563						92
93 OUTPATIENT REHAB	0.528486						93
93.10 WOUND CARE CENTER	0.220833						93.10
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] 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)	53,797	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,797	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,797	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)	30,824	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)	36,813,831	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	36,813,831	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.802992	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)	852.20	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)	36,813,831	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] 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) 684.31 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 21,093,171 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) 21,093,171 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	8,919,235	7,330	1,216.81	3,785	4,605,626	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.10 NICU	2,129,678	1,059	2,011.03			46.10
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					26,408,022	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					52,106,819	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,425,669	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					2,157,998	51
52 TOTAL PROGRAM EXCLUDABLE COST					3,583,667	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					48,523,152	53

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 54

55 TARGET AMOUNT PER DISCHARGE 55

56 TARGET AMOUNT (LINE 54 x LINE 55) 56

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57

58 BONUS PAYMENT (SEE INSTRUCTIONS) 58

59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59

60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60

61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61

62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62

63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST

64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64

65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65

66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66

67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67

68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68

69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,084 87

88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 684.31 88

89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,110,412 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	2,134,853	36,813,831	0.057991	2,110,412	122,385	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] 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)	4,016	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,016	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,016	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)	1,817	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)	2,889,183	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	2,889,183	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,080,389	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,080,389	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.937928	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)	767.03	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)	2,889,183	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] 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)	719.42 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,307,186 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)	1,307,186 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	194,651 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,501,837 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	92,049 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	10,069 51
52 TOTAL PROGRAM EXCLUDABLE COST	102,118 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,399,719 53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] 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)	53,797	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,797	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,797	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)	5,886	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)	1,810	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	826	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)	36,805,815	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	36,805,815	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.802817	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)	852.20	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)	36,805,815	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] 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) 684.16 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,026,966 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4,026,966 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)	743,568	1,810	410.81	826	339,329 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,919,235	7,330	1,216.81	793	964,930 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
46.10 NICU	1,782,931	1,059	1,683.60	506	851,902 46.10
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,183,127 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 INSTRUC (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,084 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

	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					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 (14-0179) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		53,043,894			30
31 INTENSIVE CARE UNIT		11,398,482			31
34.10 NICU					34.10
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.204795	18,627,728	3,814,866		50
52 DELIVERY ROOM & LABOR ROOM	0.339734	45,711	15,530		52
53 ANESTHESIOLOGY	0.043673	4,055,532	177,117		53
54 RADIOLOGY-DIAGNOSTIC	0.198914	10,495,759	2,087,753		54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.226316	898,753	203,402		55
56 RADIOISOTOPE	0.166079	2,760,859	458,521		56
56.10 ULTRASOUND	0.125866	3,399,622	427,897		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042466	12,277,066	521,358		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.142675	1,995,454	284,701		58
59 CARDIAC CATHETERIZATION	0.091328	10,292,296	939,975		59
60 LABORATORY	0.111360	32,927,361	3,666,791		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.158591	13,998,826	2,220,088		65
65.01 SLEEP LAB	0.231271	6,461	1,494		65.01
66 PHYSICAL THERAPY	0.326597	2,280,092	744,671		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	0.203120	799,713	162,438		68
69 ELECTROCARDIOLOGY	0.107195	6,591,100	706,533		69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY	0.143884	261,245	37,589		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.735318	1,285,340	945,134		71
72 IMPL. DEV. CHARGED TO PATIENT	0.415962				72
73 DRUGS CHARGED TO PATIENTS	0.157047	38,040,511	5,974,148		73
74 RENAL DIALYSIS	0.391006	1,884,654	736,911		74
75.10 GI LAB	0.152405	3,329,044	507,363		75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS	0.189072	76,981	14,555		76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.675364	40,067	27,060		90
90.01 PALOS DIAGNOSTIC CENTER	0.421478	4,733	1,995		90.01
91 EMERGENCY	0.140045	12,308,308	1,723,717		91
92 OBSERVATION BEDS	0.527563				92
93 OUTPATIENT REHAB	0.530655				93
93.10 WOUND CARE CENTER	0.226367	28,341	6,415		93.10
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		178,711,557	26,408,022		200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		178,711,557			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] 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					30
31 INTENSIVE CARE UNIT					31
34.10 NICU					34.10
40 SUBPROVIDER - IPF		2,860,464			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.204795	5,143	1,053		50
52 DELIVERY ROOM & LABOR ROOM	0.339734				52
53 ANESTHESIOLOGY	0.043673	1,245	54		53
54 RADIOLOGY-DIAGNOSTIC	0.198914	25,372	5,047		54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.226316				55
56 RADIOISOTOPE	0.166079	6,377	1,059		56
56.10 ULTRASOUND	0.125866	2,263	285		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042466	57,733	2,452		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.142675	8,451	1,206		58
59 CARDIAC CATHETERIZATION	0.091328				59
60 LABORATORY	0.111360	571,134	63,601		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.158591	84,861	13,458		65
65.01 SLEEP LAB	0.231271				65.01
66 PHYSICAL THERAPY	0.326597	28,344	9,257		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	0.203120	1,917	389		68
69 ELECTROCARDIOLOGY	0.107195	63,010	6,754		69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY	0.143884	2,100	302		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.735318	6,112	4,494		71
72 IMPL. DEV. CHARGED TO PATIENT	0.415962				72
73 DRUGS CHARGED TO PATIENTS	0.157047	372,681	58,528		73
74 RENAL DIALYSIS	0.391006				74
75.10 GI LAB	0.152405				75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS	0.189072				76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.675364				90
90.01 PALOS DIAGNOSTIC CENTER	0.421478				90.01
91 EMERGENCY	0.140045	190,739	26,712		91
92 OBSERVATION BEDS	0.527563				92
93 OUTPATIENT REHAB	0.530655				93
93.10 WOUND CARE CENTER	0.226367				93.10
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,427,482	194,651		200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,427,482			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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				30
31 INTENSIVE CARE UNIT				31
34.10 NICU				34.10
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.203605			50
52 DELIVERY ROOM & LABOR ROOM	0.335386			52
53 ANESTHESIOLOGY	0.043131			53
54 RADIOLOGY-DIAGNOSTIC	0.198914			54
54.01 BREAST HEALTH CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.226316			55
56 RADIOISOTOPE	0.166079			56
56.10 ULTRASOUND	0.125866			56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042466			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.142675			58
59 CARDIAC CATHETERIZATION	0.090473			59
60 LABORATORY	0.111096			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.156255			65
65.01 SLEEP LAB	0.231271			65.01
66 PHYSICAL THERAPY	0.326597			66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.203120			68
69 ELECTROCARDIOLOGY	0.106616			69
69.01 C-PORT				69.01
70 ELECTROENCEPHALOGRAPHY	0.143884			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.735318			71
72 IMPL. DEV. CHARGED TO PATIENT	0.415962			72
73 DRUGS CHARGED TO PATIENTS	0.157047			73
74 RENAL DIALYSIS	0.388608			74
75.10 GI LAB	0.152405			75.10
76 ENTEROSTOMAL THERAPY				76
76.10 NEUROLOGY				76.10
76.20 EMG				76.20
76.30 OS SVCS	0.189072			76.30
76.40 AUDIOLOGY				76.40
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.675364			90
90.01 PALOS DIAGNOSTIC CENTER	0.421478			90.01
91 EMERGENCY	0.138701			91
92 OBSERVATION BEDS	0.527563			92
93 OUTPATIENT REHAB	0.528486			93
93.10 WOUND CARE CENTER	0.220833			93.10
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0179)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	49,206,098	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	476,825	2
3	MANAGED CARE SIMULATED PAYMENTS	4,842,738	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	265.55	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)	3.09	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.	2.21	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)	5.30	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	5.41	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	5.30	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	3.97	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	2.84	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	4.04	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	4.04	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.015214	19
20	PREVIOUS YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.018976	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.015214	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	447,578	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)	0.11	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)	447,578	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0504	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1560	31
32	SUM OF LINES 30 AND 31	0.2064	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0624	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,070,461	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)	53,200,962	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)	53,200,962	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,242,555	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 (14-0179)
 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)	266,102	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)	57,709,619	59
60	PRIMARY PAYER PAYMENTS	35,675	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	57,673,944	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,379,760	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	480,852	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	968,391	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	677,874	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	781,355	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	53,491,206	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (IME REIMBURSEMENT)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	53,491,206	71
72	INTERIM PAYMENTS	54,074,657	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-583,451	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	540,669	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S179) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0179) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53,441,956		10,919,087	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 02/15/2011	632,701	02/15/2011	305,840	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		632,701		305,840	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		54,074,657		11,224,927	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .01				
	PROVIDER .02				6.02
	TO .02				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S179) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,333,237		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,333,237		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 10:59

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0179) 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	12,959 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	34,609 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,196 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	59,102 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	749,311,584 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,169,729 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30 30
31	OTHER ADJUSTMENTS (SPECIFY)	31 31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S179)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,477,654	1
2	NET IPF PPS OUTLIER PAYMENT	2,550	2
3	NET IPF PPS ECT PAYMENT	7,123	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.002740	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,487,327	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,487,327	16
17	PRIMARY PAYER PAYMENTS	6,863	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,480,464	18
19	DEDUCTIBLES	134,604	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,345,860	20
21	COINSURANCE	12,623	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,333,237	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	34,926	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,448	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25,774	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,357,685	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,357,685	31
32	INTERIM PAYMENTS	1,333,237	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	24,448	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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	6,183,127 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,183,127 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,183,127 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	6,183,127 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	6,183,127 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 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	6,183,127 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	6,183,127 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		3.09 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		0.25 3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		2.21 4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5.05 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		5.41 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		5.05 7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	2.37	5.41 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	2.21	5.05 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT	2.21	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.47	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	0.94	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.54	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	1.54	17
18	PER RESIDENT AMOUNT	135,131.49	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	208,102	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		0.36 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		535,600 25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	36,426	3,196 26
27	TOTAL INPATIENT DAYS	63,118	63,118 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.577110	0.050635 28
29	PROGRAM DIRECT GME AMOUNT	309,100	27,120 29
30	REDUCTION FOR NURSING/ALLIED HEALTH		3,832 30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
31	NET PROGRAM DIRECT GME AMOUNT		332,388 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		2,665,080 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME		
	PART A REASONABLE COST		
37	REASONABLE COST (SEE INSTRUCTIONS)		53,608,656 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		42,538 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		53,566,118 41
	PART B REASONABLE COST		
42	REASONABLE COST (SEE INSTRUCTIONS)		13,345,451 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		2,089 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		13,343,362 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		66,909,480 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.800576 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.199424 47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		332,388 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		266,102 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		66,286 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6		9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT		17
18	PER RESIDENT AMOUNT		18
19	APPROVED AMOUNT FOR RESIDENT COSTS		19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	7,185	1,259
27	TOTAL INPATIENT DAYS	63,118	63,118
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.113834	0.019947
29	PROGRAM DIRECT GME AMOUNT		29
30	REDUCTION FOR NURSING/ALLIED HEALTH		30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,798,053			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	22,538,502			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	6,746,747			8
9	OTHER CURRENT ASSETS	1,746,087			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	36,829,389			11
FIXED ASSETS					
12	LAND	8,954,323			12
13	LAND IMPROVEMENTS	9,343,739			13
14	ACCUMULATED DEPRECIATION	-4,772,179			14
15	BUILDINGS	145,077,189			15
16	ACCUMULATED DEPRECIATION	-104,923,009			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	90,651,447			23
24	ACCUMULATED DEPRECIATION	-70,118,950			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	74,212,560			30
OTHER ASSETS					
31	INVESTMENTS	639,576,623			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	39,618,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	679,194,623			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	790,236,572			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	6,323,474			37
38	SALARIES, WAGES & FEES PAYABLE	24,949,548			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	3,725,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	42,107,856			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	77,105,878			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	191,814,557			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	86,744,282			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	278,558,839			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	355,664,717			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	434,571,855			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	434,571,855			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	790,236,572			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		343,241,967							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		70,636,532							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		413,878,499							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 NET INCREASE IN TEMPORARILY		293,466							6
7 NET ASSET TRANSFER		350,000							7
8									8
9 PENSION RELATED CHANGE		20,049,890							9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		20,693,356							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		434,571,855							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		434,571,855							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				
2 HOSPITAL	90,482,397		90,482,397	1
3 SUBPROVIDER IPF	6,319,486		6,319,486	2
4 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	96,801,883		96,801,883	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	19,313,875		19,313,875	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
14.10 NICU	3,252,387		3,252,387	14.10
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	22,566,262		22,566,262	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	119,368,145		119,368,145	17
18 ANCILLARY SERVICES	340,147,018	305,509,136	645,656,154	18
19 OUTPATIENT SERVICES		288,649	288,649	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,328,653	5,328,653	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	459,515,163	311,126,438	770,641,601	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		186,764,582	29
30 ADD (SPECIFY)			30
31			31
32 BAD DEBTS	7,392,312		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		7,392,312	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)		194,156,894	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	770,641,601	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	589,121,848	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	181,519,753	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	194,156,894	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-12,637,141	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	514,256	6
7	INCOME FROM INVESTMENTS	50,224,848	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	254,465	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	1,607	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	708,123	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	53,997	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	57,922	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	10,678	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	15,332	21
22	RENTAL OF HOSPITAL SPACE	93,689	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ENGINEERING MISC REV)	30,963	24
24.01	OTHER (ADULT DAY CARE)	63,531	24.01
24.02	OTHER (CARDIOLOGY PROFESSIONAL BILLING REV)	214,416	24.02
24.03	OTHER (AFFILIATE SERVICES)	532,062	24.03
24.04	OTHER (HEALTH PROMOTION)	87,924	24.04
24.05	OTHER (LAB OTHER REVENUE)	488,820	24.05
24.06	OTHER (LOSS ON SALE OF FIXED ASSETS)	-226,152	24.06
24.07	OTHER (MISCELLANEOUS REVENUE)	128,397	24.07
24.08	OTHER (SELF INSURANCE INVESTMENT INCOME)	2,749,259	24.08
24.09	OTHER (MATERNAL EDUCATION)	339	24.09
24.10	OTHER (SCRAP SILVER REVENUE)	19,132	24.10
24.11	OTHER (MEDICAL STAFFAPPLICATIONS)	16,040	24.11
24.12	OTHER (VOTIVE LIGHT REVENUE)	9,683	24.12
24.13	OTHER (RENTAL INCOME OTHER BUILDINGS)	216,135	24.13
24.14	OTHER (OTHER NON-OPERATING REVENUE)	1,210,489	24.14
24.17	OTHER (UNREALIZED INVESTMENT GAINS)	24,645,037	24.17
24.18	OTHER (DME REVENUE)	409,807	24.18
24.19	OTHER (HOSPICE OTHER REVENUE)	5,160	24.19
24.20	OTHER (LCC CONNECTIONS REVENUE)		24.20
24.21	OTHER (VOLUNTEER RESOURCES INCOME)	733,703	24.21
24.22	OTHER (ECG REVENUE)	4,011	24.22
24.23	OTHER (CASH OVER/SHORT)		24.23
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	83,273,673	25
26	TOTAL (LINE 5 PLUS LINE 25)	70,636,532	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)	70,636,532	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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)						4
5 ADMINISTRATIVE AND GENERAL	437,404	75,148			190,939	703,491 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,154,410	266,632	69,083			1,490,125 6
7 PHYSICAL THERAPY	305,686	70,604				376,290 7
8 OCCUPATIONAL THERAPY				155,376		155,376 8
9 SPEECH PATHOLOGY				38,844		38,844 9
10 MEDICAL SOCIAL SERVICES	25,376	5,861				31,237 10
11 HOME HEALTH AIDE	34,870	8,054				42,924 11
12 SUPPLIES (SEE INSTRUCTIONS)					146,908	146,908 12
13 DRUGS						
14 DME	311,600	97,848			596	410,044 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)	2,269,346	524,147	69,083	194,220	338,443	3,395,239 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-129,974	573,517	-505	573,012	5
6					6
7		1,490,125		1,490,125	7
8		376,290		376,290	8
9		155,376		155,376	9
10		38,844		38,844	10
11		31,237		31,237	11
12		42,924		42,924	12
13		146,908		146,908	13
14					14
15		410,044		410,044	15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-129,974	3,265,265	-505	3,264,760	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7404

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	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	573,012					573,012	573,012		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,490,125					1,490,125	317,214	1,807,339	6
7 PHYSICAL THERAPY	376,290					376,290	80,103	456,393	7
8 OCCUPATIONAL THERAPY	155,376					155,376	33,076	188,452	8
9 SPEECH PATHOLOGY	38,844					38,844	8,269	47,113	9
10 MEDICAL SOCIAL SERVICES	31,237					31,237	6,650	37,887	10
11 HOME HEALTH AIDE	42,924					42,924	9,138	52,062	11
12 SUPPLIES (SEE INSTRUCTIONS)	146,908					146,908	31,273	178,181	12
13 DRUGS									13
14 DME	410,044					410,044	87,289	497,333	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)	3,264,760					3,264,760		3,264,760	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-573,012	2,691,748	5
6 SKILLED NURSING CARE						1,490,125	6
7 PHYSICAL THERAPY						376,290	7
8 OCCUPATIONAL THERAPY						155,376	8
9 SPEECH PATHOLOGY						38,844	9
10 MEDICAL SOCIAL SERVICES						31,237	10
11 HOME HEALTH AIDE						42,924	11
12 SUPPLIES (SEE INSTRUCTIONS)						146,908	12
13 DRUGS							13
14 DME						410,044	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)					-573,012	2,691,748	24
25 COST TO BE ALLOC (PER W/S H)						573,012	25
26 UNIT COST MULTIPLIER						0.212877	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

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	310,501		310,501			1
2 SKILLED NURSING CARE	2,317,514		2,317,514	176,638	2,494,152	2
3 PHYSICAL THERAPY	549,993		549,993	41,919	591,912	3
4 OCCUPATIONAL THERAPY	227,101		227,101	17,309	244,410	4
5 SPEECH PATHOLOGY	56,775		56,775	4,327	61,102	5
6 MEDICAL SOCIAL SERVICES	45,657		45,657	3,480	49,137	6
7 HOME HEALTH AIDE	62,739		62,739	4,782	67,521	7
8 SUPPLIES	214,723		214,723	16,366	231,089	8
9 DRUGS						9
10 DME	599,329		599,329	45,680	645,009	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)	4,384,332		4,384,332	310,501	4,384,332	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.				0.076218		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	4,075	35,983		29,275		87,651		4,075	1
2 SKILLED NURSING CARE				50,000		1,845,647			2
3 PHYSICAL THERAPY						456,393			3
4 OCCUPATIONAL THERAPY						188,452			4
5 SPEECH PATHOLOGY						47,113			5
6 MEDICAL SOCIAL SERVICES						37,887			6
7 HOME HEALTH AIDE						52,062			7
8 SUPPLIES						178,181			8
9 DRUGS									9
10 DME						497,333			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)	4,075	35,983		79,275		3,390,719		4,075	20
21 TOTAL COST TO BE ALLOCATED	29,297	35,924		60,738		695,389		112,772	21
22 UNIT COST MULTIPLIER	7.189448								22
22 UNIT COST MULTIPLIER		0.998360		0.766168		0.205086		27.674110	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15		
1 ADMINISTRATIVE AND GENERAL		4,075				29,275		951	1	
2 SKILLED NURSING CARE						50,000			2	
3 PHYSICAL THERAPY									3	
4 OCCUPATIONAL THERAPY									4	
5 SPEECH PATHOLOGY									5	
6 MEDICAL SOCIAL SERVICES									6	
7 HOME HEALTH AIDE									7	
8 SUPPLIES									8	
9 DRUGS									9	
10 DME									10	
11 HOME DIALYSIS AIDE SERVICES									11	
12 RESPIRATORY THERAPY									12	
13 PRIVATE DUTY NURSING									13	
14 CLINIC									14	
15 HEALTH PROMOTION ACTIVITIES									15	
16 DAY CARE PROGRAM									16	
17 HOME DELIVERED MEALS PROGRAM									17	
18 HOMEMAKER SERVICE									18	
19 ALL OTHERS									19	
19.50 TELEMEDICINE									19.50	
20 TOTAL (SUM OF LINES 1-19)		4,075				79,275		951	20	
21 TOTAL COST TO BE ALLOCATED		37,050				148,006		396	21	
22 UNIT COST MULTIPLIER									22	
22 UNIT COST MULTIPLIER		9.092025				1.866995		0.416404	22	

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	2,494,152		2,494,152	14,541	171.53	1
2	PHYSICAL THERAPY	3	591,912		591,912	6,044	97.93	2
3	OCCUPATIONAL THERAPY	4	244,410		244,410	211	1,158.34	3
4	SPEECH PATHOLOGY	5	61,102		61,102	83	736.17	4
5	MEDICAL SOCIAL SERVICES	6	49,137		49,137	195	251.98	5
6	HOME HEALTH AIDE	7	67,521		67,521	1,045	64.61	6
7	TOTAL (SUM OF LINES 1-6)		3,508,234		3,508,234	22,119		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)			
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	231,089		231,089	540,925	0.427211	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	4,311	5,687		739,466	975,491		1,714,957
2 PHYSICAL THERAPY	2,858	2,014		279,884	197,231		477,115
3 OCCUPATIONAL THERAPY	120	61		139,001	70,659		209,660
4 SPEECH PATHOLOGY	43	4		31,655	2,945		34,600
5 MEDICAL SOCIAL SERVICES	80	74		20,158	18,647		38,805
6 HOME HEALTH AIDE	647	398		41,803	25,715		67,518
7 TOTAL (SUM OF LINES 1-6)	8,059	8,238		1,251,967	1,290,688		2,542,655

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	COST OF SERVICES		TOTAL
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4		8	9	
8 SKILLED NURSING CARE	16974	2	5,687	4,311	16974	16974	8
9 PHYSICAL THERAPY	16974		2,014	2,858	16974	16974	9
10 OCCUPATIONAL THERAPY	16974	120	61	120	16974	16974	10
11 SPEECH PATHOLOGY	16974	43	4	43	16974	16974	11
12 MEDICAL SOCIAL SERVICES	16974	80	74	80	16974	16974	12
13 HOME HEALTH AIDE	16974	647	398	647	16974	16974	13
14 TOTAL (SUM OF LINES 8-13)		8,059	8,238	8,059			14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART B			PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
	6	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES	96,102		309,592	41,056		132,261
16 COST OF DRUGS						

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
1 PHYSICAL THERAPY	0.326597			COL 2, LINE 2
2 OCCUPATIONAL THERAPY				COL 2, LINE 3
3 SPEECH PATHOLOGY	0.203120			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGED TO PAT	0.735318			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.157047			COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7404

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	1,905,292			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
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)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,905,292			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,905,292			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,261,166	1,259,647	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	27,522	70,639	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	33,192	57,760	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	22,489	10,642	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	833		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)	1,345,202	1,398,688	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,345,202	1,398,688	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,345,202	1,398,688	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)	1,345,202	1,398,688	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,345,202	1,398,688	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,345,202	1,398,688	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

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

HHA NO.: 14-7404

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,345,202		1,398,688	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,345,202		1,398,688	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	249,025	51,962			58,734	359,721 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES					54,400	54,400 9
10 NURSING CARE	514,387	107,334	44,941			666,662 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY	412	86				498 12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	47,735	9,960				57,695 15
16 SPIRITUAL COUNSELING	106,530	22,229				128,759 16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	136,521	28,487				165,008 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					118,491	118,491 22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					188,459	188,459 26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES					61,453	61,453 30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS	31,916	6,660				38,576 35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	1,086,526	226,718	44,941		481,537	1,839,722 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	-20,179	339,542	-5,160	334,382	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-40,358	1,819,543	-10,320	1,814,383	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1511

WORKSHEET K-1

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

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1511

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
6	ADMINISTRATIVE AND GENERAL	51,962							51,962
7	INPATIENT CARE SERVICE								6
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								8
9	PHYSICIAN SERVICES								9
10	NURSING CARE				107,334				107,334
11	NURSING CARE-CONT.HOME CARE								11
12	PHYSICAL THERAPY					86			86
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES							9,960	9,960
16	SPIRITUAL COUNSELING							22,229	22,229
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HH AIDE AND HOMEMAKER						28,487		28,487
20	HH AIDE & HMKR-CONT.HME CARE								20
21	OTHER								21
22	OTHER HOSPICE SERVICE COSTS								22
22	DRUGS, BIOL. & INFUS. THER.								22
23	ANALGESICS								23
24	SEDATIVES / HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MED. EQUIP./OXYGEN								26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPAT.SERV.(INCL.E/R DEPT.)								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
35	HOSPICE NONREIMBURSABLE SERVICE								35
35	BEREAVEMENT PROGRAM COSTS							6,660	6,660
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (SUM OF LINES 1-38)	51,962			107,334	86	28,487	38,849	226,718

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1511 WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1511

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & FIXTURES	CAP REL COSTS 1	CAP REL BLDG COSTS EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL (COLS. 0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL. 5 + COL. 6) 7
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL	334,382					334,382	334,382	7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES	54,400					54,400	12,291	12
13	NURSING CARE	666,662					666,662	150,621	13
14	NURSING CARE-CONTINUOUS HOME								14
15	PHYSICAL THERAPY	498					498	113	15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES	57,695					57,695	13,035	18
19	SPIRITUAL COUNSELING	128,759					128,759	29,091	19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER	165,008					165,008	37,281	22
23	HH AIDE & HMKR-CONT. HOME CA								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.	118,491					118,491	26,771	26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN	188,459					188,459	42,579	30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES	61,453					61,453	13,884	34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERV.								39
40	BEREAVEMENT PROGRAM COSTS	38,576					38,576	8,716	40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)	1,814,383					1,814,383		44

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.					100			5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE					100	-334,382	1,480,001	6
7 INPATIENT - GENERAL CARE								7
8 INPATIENT - RESPITE CARE VISITING SERVICES								8
9 PHYSICIAN SERVICES							54,400	9
10 NURSING CARE							666,662	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY							498	12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES							57,695	15
16 SPIRITUAL COUNSELING							128,759	16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOME MAKER							165,008	19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER								21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.							118,491	22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN							188,459	26
27 PATIENT TRANSPORTATION								27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES							61,453	30
31 OUTPAT.SERV.(INCL.E/R DEPT.)								31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER								34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS							38,576	35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED							334,382	39
40 UNIT COST MULTIPLIER							0.225934	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	166,543		166,543			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	80,368		80,368	6,020	86,388	4
5 NURSING CARE	984,896		984,896	73,778	1,058,674	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY	736		736	55	791	7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	85,236		85,236	6,385	91,621	10
11 SPIRITUAL COUNSELING	190,223		190,223	14,250	204,473	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOME MAKERS	243,776		243,776	18,261	262,037	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	209,840		209,840	15,719	225,559	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN	278,421		278,421	20,857	299,278	21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES	90,788		90,788	6,801	97,589	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS	58,960		58,960	4,417	63,377	30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	2,389,787		2,389,787		2,389,787	34
35 UNIT COST MULTIPLIER				0.074910		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	1,107	565		42,125		40,798		1,107	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES						66,691			4
5 NURSING CARE						817,283			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY						611			7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE						70,730			10
11 SPIRITUAL COUNSELING						157,850			11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS						202,289			14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO						145,262			17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN						231,038			21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES						75,337			25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS						47,292			30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	1,107	565		42,125		1,855,181		1,107	34
35 TOTAL COST TO BE ALLOCATED	7,959	564		32,275		380,472		30,635	35
36 UNIT COST MULTIPLIER	7.189702	0.998230		0.766172		0.205086		27.673893	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15
1 ADMINISTRATIVE AND GENERAL		1,107				42,125		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO							83,628	17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS						1,082		30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		1,107				43,207	83,628	34
35 TOTAL COST TO BE ALLOCATED		10,065				78,647	34,787	35
36 UNIT COST MULTIPLIER		9.092141				1.820237	0.415973	36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.326597		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.203120		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.157047		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.111096		6
7	MEDICAL SUPPLIES	71	0.735318		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93	0.528486		8
8.10	WOUND CARE CENTER	93.10	0.220833		8.10
9	RADIATION THERAPY	55	0.226316		9
10	ENTEROSTOMAL THERAPY	76			10
10.10	NEUROLOGY	76.10			10.10
10.20	EMG	76.20			10.20
10.30	OS SVCS	76.30	0.189072		10.30
10.40	AUDIOLOGY	76.40			10.40
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2010 TO 06/30/2011

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

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				2,389,787	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				72,311	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				33.05	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	70,437				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,327,943				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,874		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			61,936		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-017) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	4,013,463	1
2	CAPITAL DRG OUTLIER PAYMENTS	29,221	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	161.92	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4.04	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0071	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	28,496	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0504	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1560	8
9	SUM OF LINES 7 AND 8	0.2064	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0427	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	171,375	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,242,555	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 0	SUBTOTAL (COLS.0-4) 2A	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					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
34.10 NICU					34.10
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
56.10 ULTRASOUND					56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
65.01 SLEEP LAB					65.01
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.10 GI LAB					75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS					76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PALOS DIAGNOSTIC CENTER					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB					93
93.10 WOUND CARE CENTER					93.10
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL		I&R COST &		TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)	SUBTOTAL	POST STEP- DOWN ADJS		
	0	2A	24	25	26	
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 MOBILE MED						117
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	57.30		10.94				68.24 30
31 INTENSIVE CARE UNIT	51.64		10.82				62.46 31
34.10 NICU			47.78				47.78 34.10
43 NURSERY			45.64				45.64 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	31.99	20.16					52.15 50
52 DELIVERY ROOM & LABOR ROOM	0.34	0.11					0.45 52
53 ANESTHESIOLOGY	22.15	15.27					37.42 53
54 RADIOLOGY-DIAGNOSTIC	29.40	14.26					43.66 54
55 RADIOLOGY-THERAPEUTIC	4.26	45.45					49.71 55
56 RADIOISOTOPE	22.68	30.01					52.69 56
56.10 ULTRASOUND	21.44	14.46					35.90 56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	24.83	20.06					44.89 57
58 MAGNETIC RESONANCE IMAGING (MRI)	20.80	15.72					36.52 58
59 CARDIAC CATHETERIZATION	67.18	12.11					79.29 59
60 LABORATORY	29.17	1.85					31.02 60
65 RESPIRATORY THERAPY	55.59	2.55					58.14 65
65.01 SLEEP LAB	0.50	21.12					21.62 65.01
66 PHYSICAL THERAPY	27.86						27.86 66
68 SPEECH PATHOLOGY	45.42						45.42 68
69 ELECTROCARDIOLOGY	34.60	16.39					50.99 69
70 ELECTROENCEPHALOGRAPHY	18.72	21.33					40.05 70
71 MEDICAL SUPPLIES CHRGED TO PATI	51.70	7.27					58.97 71
73 DRUGS CHARGED TO PATIENTS	42.51	11.40					53.91 73
74 RENAL DIALYSIS	70.72						70.72 74
75.10 GI LAB	16.86	25.65					42.51 75.10
76.30 OS SVCS	41.25						41.25 76.30
90 CLINIC	2.98	32.37					35.35 90
90.01 PALOS DIAGNOSTIC CENTER	0.40	58.50					58.90 90.01
91 EMERGENCY	21.04	11.55					32.59 91
92 OBSERVATION BEDS		28.01					28.01 92
93 OUTPATIENT REHAB		0.01					0.01 93
93.10 WOUND CARE CENTER	0.71	62.20					62.91 93.10
200 TOTAL CHARGES	28.29	12.95					41.24 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	45.24						45.24 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.07						0.07 54
56 RADIOISOTOPE	0.05						0.05 56
56.10 ULTRASOUND	0.01						0.01 56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.12						0.12 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.09						0.09 58
60 LABORATORY	0.51						0.51 60
65 RESPIRATORY THERAPY	0.34						0.34 65
66 PHYSICAL THERAPY	0.35						0.35 66
68 SPEECH PATHOLOGY	0.11						0.11 68
69 ELECTROCARDIOLOGY	0.33						0.33 69
70 ELECTROENCEPHALOGRAPHY	0.15						0.15 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.25						0.25 71
73 DRUGS CHARGED TO PATIENTS	0.42						0.42 73
91 EMERGENCY	0.33						0.33 91
200 TOTAL CHARGES	0.23						0.23 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	4,699,493	2.87	-4,699,493	-7.62			1
2	CAP REL COSTS-MVBLE EQUIP	6,599,583	4.03	-6,599,583	-10.70			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	2,236,008	1.36	-2,236,008	-3.63			4
5	ADMINISTRATIVE & GENERAL	26,323,269	16.05	-26,323,269	-42.69			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,942,771	4.84	-7,942,771	-12.88			7
8	LAUNDRY & LINEN SERVICE	738,189	0.45	-738,189	-1.20			8
9	HOUSEKEEPING	2,488,737	1.52	-2,488,737	-4.04			9
10	DIETARY	1,282,197	0.78	-1,282,197	-2.08			10
11	CAFETERIA	1,101,398	0.67	-1,101,398	-1.79			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,270,326	1.38	-2,270,326	-3.68			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	2,452,030	1.50	-2,452,030	-3.98			15
16	MEDICAL RECORDS & LIBRARY	2,239,836	1.37	-2,239,836	-3.63			16
17	SOCIAL SERVICE	851,577	0.52	-851,577	-1.38			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP	442,334	0.27	-442,334	-0.72			22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	21,425,817	13.07	15,849,742	25.70	37,275,559	22.73	30
31	INTENSIVE CARE UNIT	5,948,927	3.63	2,970,308	4.82	8,919,235	5.44	31
34.10	NICU	1,289,635	0.79	493,296	0.80	1,782,931	1.09	34.10
40	SUBPROVIDER - IPF	1,577,065	0.96	1,286,816	2.09	2,863,881	1.75	40
43	NURSERY	505,431	0.31	238,137	0.39	743,568	0.45	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	6,703,876	4.09	5,355,396	8.68	12,059,272	7.35	50
52	DELIVERY ROOM & LABOR ROOM	2,802,350	1.71	1,710,581	2.77	4,512,931	2.75	52
53	ANESTHESIOLOGY	449,659	0.27	340,018	0.55	789,677	0.48	53
54	RADIOLOGY-DIAGNOSTIC	3,893,809	2.37	3,208,103	5.20	7,101,912	4.33	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	2,042,291	1.25	2,728,329	4.42	4,770,620	2.91	55
56	RADIOISOTOPE	1,347,567	0.82	674,385	1.09	2,021,952	1.23	56
56.10	ULTRASOUND	1,396,092	0.85	599,417	0.97	1,995,509	1.22	56.10
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,256,022	0.77	843,700	1.37	2,099,722	1.28	57
58	MAGNETIC RESONANCE IMAGING (MRI)	713,927	0.44	655,063	1.06	1,368,990	0.83	58
59	CARDIAC CATHETERIZATION	761,898	0.46	624,126	1.01	1,386,024	0.85	59
60	LABORATORY	9,071,733	5.53	3,467,058	5.62	12,538,791	7.65	60
62.30	BLOOD CLOTTING FACTORS ADMIN CO							62.30
65	RESPIRATORY THERAPY	2,577,571	1.57	1,357,457	2.20	3,935,028	2.40	65
65.01	SLEEP LAB	218,241	0.13	82,698	0.13	300,939	0.18	65.01
66	PHYSICAL THERAPY	1,819,680	1.11	852,897	1.38	2,672,577	1.63	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	254,876	0.16	102,748	0.17	357,624	0.22	68
69	ELECTROCARDIOLOGY	1,171,162	0.71	859,848	1.39	2,031,010	1.24	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	82,293	0.05	118,477	0.19	200,770	0.12	70
71	MEDICAL SUPPLIES CHRGD TO PATI	1,066,841	0.65	761,424	1.23	1,828,265	1.12	71
72	IMPL. DEV. CHARGED TO PATIENT	8,455,031	5.16	1,837,537	2.98	10,292,568	6.28	72
73	DRUGS CHARGED TO PATIENTS	8,439,323	5.15	5,615,785	9.11	14,055,108	8.57	73
74	RENAL DIALYSIS	790,212	0.48	245,460	0.40	1,035,672	0.63	74
75.10	GI LAB	1,876,609	1.14	1,133,067	1.84	3,009,676	1.84	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	28,629	0.02	6,657	0.01	35,286	0.02	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	481,193	0.29	427,043	0.69	908,236	0.55	90
90.01	PALOS DIAGNOSTIC CENTER	385,330	0.24	114,338	0.19	499,668	0.30	90.01
91	EMERGENCY	5,451,666	3.32	2,662,174	4.32	8,113,840	4.95	91
92	OBSERVATION BEDS							92
93	OUTPATIENT REHAB	1,216,709	0.74	1,101,639	1.79	2,318,348	1.41	93
93.10	WOUND CARE CENTER	608,481	0.37	278,998	0.45	887,479	0.54	93.10
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	3,264,760	1.99	1,119,572	1.82	4,384,332	2.67	101

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,814,383	1.11	575,404	0.93	2,389,787	1.46
117	MOBILE MED	220,568	0.13	66,468	0.11	287,036	0.18
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN			155,234	0.25	155,234	0.09
191.10	ADULT DAY CARE	138,522	0.08	51,760	0.08	190,282	0.12
192	PHYSICIANS' PRIVATE OFFICES	745,459	0.45	422,270	0.68	1,167,729	0.71
192.01	VACANT SPACE			653,193	1.06	653,193	0.40
194	FUND DEVELOPMENT			21,125	0.03	21,125	0.01
200	CROSS FOOT ADJUSTMENTS						
201	NEGATIVE COST CENTER						
202	TOTAL	163,961,386	100.00			163,961,386	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,277,524	58,233,631	0.021938	18,627,728	408,655	50
52 DELIVERY ROOM & LABOR ROOM	377,370	13,455,941	0.028045	45,711	1,282	52
53 ANESTHESIOLOGY	108,345	18,308,598	0.005918	4,055,532	24,001	53
54 RADIOLOGY-DIAGNOSTIC	1,168,239	35,703,403	0.032721	10,495,759	343,432	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	932,824	21,079,464	0.044253	898,753	39,773	55
56 RADIOISOTOPE	123,572	12,174,669	0.010150	2,760,859	28,023	56
56.10 ULTRASOUND	143,585	15,854,245	0.009057	3,399,622	30,790	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	247,124	49,444,371	0.004998	12,277,066	61,361	57
58 MAGNETIC RESONANCE IMAGING (MRI)	379,614	9,595,197	0.039563	1,995,454	78,946	58
59 CARDIAC CATHETERIZATION	312,565	15,319,734	0.020403	10,292,296	209,994	59
60 LABORATORY	486,924	112,864,124	0.004314	32,927,361	142,049	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	263,182	25,183,330	0.010451	13,998,826	146,302	65
65.01 SLEEP LAB	21,346	1,301,238	0.016404	6,461	106	65.01
66 PHYSICAL THERAPY	128,727	8,183,108	0.015731	2,280,092	35,868	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	31,463	1,760,656	0.017870	799,713	14,291	68
69 ELECTROCARDIOLOGY	285,470	19,049,687	0.014986	6,591,100	98,774	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	30,844	1,395,363	0.022105	261,245	5,775	70
71 MEDICAL SUPPLIES CHRGD TO PATI	272,203	2,486,360	0.109479	1,285,340	140,718	71
72 IMPL. DEV. CHARGED TO PATIENT	86,641	24,744,003	0.003501			72
73 DRUGS CHARGED TO PATIENTS	428,598	89,496,338	0.004789	38,040,511	182,176	73
74 RENAL DIALYSIS	36,868	2,665,080	0.013834	1,884,654	26,072	74
75.10 GI LAB	352,667	19,747,940	0.017858	3,329,044	59,450	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,692	186,627	0.035858	76,981	2,760	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	118,050	1,344,809	0.087782	40,067	3,517	90
90.01 PALOS DIAGNOSTIC CENTER	53,730	1,185,515	0.045322	4,733	215	90.01
91 EMERGENCY	348,374	58,498,872	0.005955	12,308,308	73,296	91
92 OBSERVATION BEDS	122,385	4,000,303	0.030594			92
93 OUTPATIENT REHAB	202,939	4,386,770	0.046262			93
93.10 WOUND CARE CENTER	52,719	4,018,781	0.013118	28,341	372	93.10
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	8,400,584	631,668,157		178,711,557	2,157,998	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	2,134,853		2,134,853	53,797	39.68	30,824	1,223,096 30
31 INTENSIVE CARE UNIT	392,291		392,291	7,330	53.52	3,785	202,573 31
34.10 NICU	66,736		66,736	1,059	63.02		34.10
200 TOTAL	2,593,880		2,593,880	62,186		34,609	1,425,669 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,425,669
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2,157,998
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3,583,667
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	6,404
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	34,609
PER DISCHARGE CAPITAL COSTS	559.60
PER DIEM CAPITAL COSTS	103.55

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	48,523,152
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	243,153,933
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.200

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,501,837
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	4,287,946
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.350

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,583,667
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	13,341,640
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	81,824,837
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.163