

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 ELMHURST MEMORIAL HOSPITAL (14-0200) (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	162,833	72,636		1,885,949	1
2	SUBPROVIDER - IPF				805,554	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	162,833	72,636		2,691,503	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: 200 BERTEAU AVENUE
 2 CITY: ELMHURST

STATE: IL

P.O.BOX:
 ZIP CODE: 60126

COUNTY: DUPAGE

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	ELMHURST MEMORIAL HOSPITAL	14-0200	01600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	ELMHURST MEMORIAL PSYCH UNIT	14-S200	01600	4	07/01/1985	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	ELMHURST SKILLED NURSING UNIT	14-5826	01600		02/23/1995	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	ELMHURST HOME HEALTH AGENCY	14-7408	01600		12/04/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ELMHURST MEMORIAL HOSPICE	14-1577	01600		12/19/1994				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 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	IN-STATE	OUT-OF	OUT-OF	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE DAYS 4			
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.	5,066				250		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

		V	XVIII	XIX
		1	2	3
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
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.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR 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)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE
 INSTRUCTIONS)

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1 / (COL.3 + COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 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	N Y N Y 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.	1	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		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	2 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

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

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

155	HOSPITAL	1	2	
156	SUBPROVIDER - IPF	N	N	155
157	SUBPROVIDER - IRF	N	N	156
158	SUBPROVIDER - (OTHER)	N	N	157
159	SNF	N	N	158
160	HHA	N	N	159
161	CMHC	N	N	160
				161

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(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

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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	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.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			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.			11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		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	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	01/10/2012	N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 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	133,349,709	1,052,036	134,401,745	4,652,302.00	28.89
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B		159,305		159,305	2,363.00	67.42
4	PHYSICIAN-PART A		213,638		213,638	2,126.00	100.49
4.01	PHYSICIANS-PART A - DIRECT TEACHING						
5	PHYSICIAN-PART B		240,640		240,640	3,159.00	76.18
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						
8	HOME OFFICE PERSONNEL						
9	SNF	44	2,266,642		2,266,642	80,490.00	28.16
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		6,635,647	656,896	7,292,543	220,060.00	33.14
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		686,420		686,420	9,435.00	72.75
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		436,167		436,167	3,112.00	140.16
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		30,364,267		30,364,267		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		1,622,696		1,622,696		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B		18,255		18,255		
22	PHYSICIAN PART A		31,292		31,292		
23	PHYSICIAN PART B		26,393		26,393		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		1,940,277		1,940,277	36,901.00	52.58
27	ADMINISTRATIVE & GENERAL		25,932,996	1,080,885	27,013,881	930,104.00	29.04
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		399,444		399,444	1,342.00	297.65
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		2,654,295	-91,722	2,562,573	80,626.00	31.78
31	LAUNDRY & LINEN SERVICE		493,190		493,190	35,466.00	13.91
32	HOUSEKEEPING		2,993,138	-306,704	2,686,434	197,393.00	13.61
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		2,404,651	-1,135,415	1,269,236	67,958.00	18.68
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA		227,780	1,129,315	1,357,095	87,334.00	15.54
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		3,121,827		3,121,827	68,901.00	45.31
39	CENTRAL SERVICES AND SUPPLY						
40	PHARMACY		4,672,672		4,672,672	119,974.00	38.95
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,928,180		1,928,180	80,303.00	24.01
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	133,349,208	1,052,036	134,401,244	4,648,122.0	28.92	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	8,902,289	656,896	9,559,185	300,550.00	31.81	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	124,446,919	395,140	124,842,059	4,347,572.0	28.72	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,122,587		1,122,587	12,547.00	89.47	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	30,395,559		30,395,559		24.35%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	155,965,065	395,140	156,360,205	4,360,119.0	35.86	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	46,768,450	676,359	47,444,809	1,706,302.0	27.81	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	19,611	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	7,869,139	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	101,712	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	11,696,196	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,053,480	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	176,667	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	517,699	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	927,229	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	9,084,432	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	324,595	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	374,295	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	32,145,055	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
01/30/2012 15:22

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.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		842		1,337	2,179	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,413.00		433.00	2,066.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.05		1.05	3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.02		2.02	4	
5 OTHER ADMINISTRATIVE PERSONNEL	45.52		45.52	5	
6 DIRECT NURSING SERVICE	8.56		8.56	6	
7 NURSING SUPERVISOR				7	
8 PHYSICAL THERAPY SERVICE	7.53	0.28	7.81	8	
9 PHYSICAL THERAPY SUPERVISOR	0.48		0.48	9	
10 OCCUPATIONAL THERAPY SERVICE	0.68	0.08	0.76	10	
11 OCCUPATIONAL THERAPY SUPERVISOR	0.04		0.04	11	
12 SPEECH PATHOLOGY SERVICE		0.09	0.09	12	
13 SPEECH PATHOLOGY SUPERVISOR				13	
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15	
16 HOME HEALTH AIDE	0.66		0.66	16	
17 HOME HEALTH AIDE SUPERVISOR				17	
18 PARISH NURSE	2.19		2.19	18	

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	9,972	65	329	57	10,423	21
22 SKILLED NURSING VISIT CHARGES	1,745,100	11,375	67,025	13,300	1,836,800	22
23 PHYSICAL THERAPY VISITS	8,542	1	76	84	8,703	23
24 PHYSICAL THERAPY VISIT CHARGES	1,486,850	191	16,030	15,339	1,518,410	24
25 OCCUPATIONAL THERAPY VISITS	529		1	8	538	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	101,039		382	1,719	103,140	26
27 SPEECH PATHOLOGY VISITS	81		1		82	27
28 SPEECH PATHOLOGY VISIT CHARGES	15,471		4,584	191	20,246	28
29 MEDICAL SOCIAL SERVICE VISITS	503		2	3	508	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	47,502		5,382	1,170	54,054	30
31 HOME HEALTH AIDE VISITS	832		2	8	842	31
32 HOME HEALTH AIDE VISIT CHARGES	115,648		10,147	1,251	127,046	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	20,459	66	411	160	21,096	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,511,610	11,566	103,550	32,970	3,659,696	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,347		163	16	1,526	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2			2	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	74,211	816	5,164	461	80,652	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX	302		302 3
4	RUL	1,573		1,573 4
5	RVX	171		171 5
6	RVL	715		715 6
7	RHX	14		14 7
8	RHL	18		18 8
9	RMX	173		173 9
10	RML	178		178 10
11	RLX			11
12	RUC	418		418 12
13	RUB	1,872		1,872 13
14	RUA	652		652 14
15	RVC	474		474 15
16	RVB	2,554		2,554 16
17	RVA	920		920 17
18	RHC	170		170 18
19	RHB	474		474 19
20	RHA	243		243 20
21	RMC	98		98 21
22	RMB	136		136 22
23	RMA	74		74 23
24	RLB			24
25	RLA	5		5 25
26	ES3			26
27	ES2			27
28	ES1			28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1			32
33	HC2			33
34	HC1			34
35	HB2			35
36	HB1	5		5 36
37	LE2			37
38	LE1	5		5 38
39	LD2			39
40	LD1	6		6 40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1	1		1 44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1	4		4 48
49	CC2			49
50	CC1	3		3 50
51	CB2			51
52	CB1	13		13 52
53	CA2			53
54	CA1	12		12 54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1	1		1 68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		1		1 72
73	PC2				73
74	PC1		6		6 74
75	PB2				75
76	PB1		2		2 76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL		11,293		11,293 200

		CBSA AT	CBSA	
		BEGINNING	ON/AFTER	
		OF COST	REPORTING	
		REPORTING	PERIOD (IF	
		PERIOD	APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	00465	01600	201

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

		EXPENSES	PERCENTAGE	EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	15,945,885		207

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
 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
 01/30/2012 15:22

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

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	14,938			723	15,661
3	INPATIENT RESPITE CARE					3
4	GENERAL INPATIENT CARE	340			126	466
5	TOTAL HOSPICE DAYS	15,278			849	16,127

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	240			11	251
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	63.66			77.18	64.25
9	UNDUPLICATED CENSUS COUNT	240				240

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)		0.250965	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		10,309,290	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		100,069,396	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		25,113,916	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		14,804,626	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)		14,804,626	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	28,985,957	2,848,204	31,834,161	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,274,461	714,800	7,989,261	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,383,071	364,863	1,747,934	22
23	COST OF CHARITY CARE	5,891,390	349,937	6,241,327	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)			23,133,327	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			675,228	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			22,458,099	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,636,197	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,877,524	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			26,682,150	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT		200,631	200,631	17,752,721	1
2	00200 CAP REL COSTS-MVBLE EQUIP		447,027	447,027	14,180,749	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	1,940,277	31,971,311	33,911,588	613,028	4
5	00500 ADMINISTRATIVE & GENERAL	25,932,996	86,425,115	112,358,111	-34,152,134	5
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	2,654,295	10,399,889	13,054,184	-705,687	7
8	00800 LAUNDRY & LINDEN SERVICE	493,190	1,332,593	1,825,783		8
9	00900 HOUSEKEEPING	2,993,138	729,942	3,723,080	-370,187	9
10	01000 DIETARY	2,404,651	1,776,024	4,180,675	-2,169,201	10
11	01100 CAFETERIA	227,780	154,058	381,838	2,157,547	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	3,121,827	873,971	3,995,798		13
14	01400 CENTRAL SERVICES & SUPPLY					14
15	01500 PHARMACY	4,672,672	20,255,037	24,927,709	-18,477,407	15
16	01600 MEDICAL RECORDS & LIBRARY	1,928,180	147,029	2,075,209		16
17	01700 SOCIAL SERVICE					17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD					21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS					23
30	03000 ADULTS & PEDIATRICS	22,637,898	2,186,061	24,823,959	-197,966	30
31	03100 INTENSIVE CARE UNIT	4,419,780	622,554	5,042,334	53,200	31
32	03200 CORONARY CARE UNIT					32
40	04000 SUBPROVIDER - IPF	1,451,634	250,923	1,702,557	243,628	40
43	04300 NURSERY				762,380	43
44	04400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	2,266,642	145,104	2,411,746	311,588	44
50	05000 OPERATING ROOM	8,704,582	14,632,535	23,337,117	-6,593,161	50
53	05300 ANESTHESIOLOGY	355,015	325,849	680,864		53
54	05400 RADIOLOGY-DIAGNOSTIC	4,473,373	994,061	5,467,434	-820,516	54
54.01	03630 ULTRASOUND	1,313,224	88,090	1,401,314	74,594	54.01
55	05500 RADIOLOGY-THERAPEUTIC	1,753,815	557,560	2,311,375	135,303	55
55.01	05501 CYBERKNIFE	48,905	4,483,959	4,532,864	371,775	55.01
56	05600 RADIOISOTOPE	639,988	638,577	1,278,565	104,865	56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,047,337	635,125	1,682,462	92,450	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	772,725	161,391	934,116	45,129	58
59	05900 CARDIAC CATHETERIZATION	1,505,429	4,691,122	6,196,551	-4,716,498	59
60	06000 LABORATORY	6,691,081	8,089,569	14,780,650	132,642	60
62.30	06250 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65	06500 RESPIRATORY THERAPY	1,647,948	400,640	2,048,588	32,592	65
65.01	03950 SLEEP LAB	370,384	153,750	524,134		65.01
66	06600 PHYSICAL THERAPY	3,388,856	264,023	3,652,879	196,775	66
67	06700 OCCUPATIONAL THERAPY	709,947	68,220	778,167	103,446	67
68	06800 SPEECH PATHOLOGY	334,905	2,457	337,362	44,847	68
69	06900 ELECTROCARDIOLOGY	805,099	1,287,698	2,092,797		69
72	07200 IMPL. DEV. CHARGED TO PATIENT				10,991,710	72
73	07300 DRUGS CHARGED TO PATIENTS				18,477,407	73
74	07400 RENAL DIALYSIS		513,932	513,932		74
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	6,762,389	4,274,705	11,037,094		90
91	09100 EMERGENCY	4,625,111	923,033	5,548,144	30,000	91
91.01	04950 OUTPATIENT CLINICS	4,078,336	1,691,740	5,770,076	161,003	91.01
91.02	04951 CARDIAC REHAB	507,147	12,524	519,671		91.02
91.03	04952 CENTRAL ADMISSION	485,140	38,655	523,795		91.03
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY					99.40
101	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	3,177,496	2,331,894	5,509,390	-1,352,711	101
116	11600 HOSPICE	576,117	617,806	1,193,923	421,410	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	131,919,309	205,796,184	337,715,493	-2,064,679	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,812	68,760	203,572		190
192	19200 PHYSICIANS' PRIVATE OFFICES	884,053	1,919,659	2,803,712	2,053,025	192
192.01	19201 MEALS ON WHEELS	411,535		411,535		192.01
192.02	19202 GUEST MEALS				11,654	192.02
194	07950 OTHER NONREIMBURSABLE					194
200	TOTAL (SUM OF LINES 118-199)	133,349,709	207,784,603	341,134,312		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	17,953,352	253,414	18,206,766	1
2	00200	CAP REL COSTS-MVBLE EQUIP	14,627,776	-2,478	14,625,298	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	34,524,616	-153,113	34,371,503	4
5	00500	ADMINISTRATIVE & GENERAL	78,205,977	-28,194,661	50,011,316	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	12,348,497		12,348,497	7
8	00800	LAUNDRY & LINEN SERVICE	1,825,783	-493,190	1,332,593	8
9	00900	HOUSEKEEPING	3,352,893	-46,729	3,306,164	9
10	01000	DIETARY	2,011,474	-566,381	1,445,093	10
11	01100	CAFETERIA	2,539,385	-1,267,919	1,271,466	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,995,798	-87,333	3,908,465	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY	6,450,302	-560,137	5,890,165	15
16	01600	MEDICAL RECORDS & LIBRARY	2,075,209	-20,497	2,054,712	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS				23
30	03000	ADULTS & PEDIATRICS	24,625,993	-764,437	23,861,556	30
31	03100	INTENSIVE CARE UNIT	5,095,534	-53,115	5,042,419	31
32	03200	CORONARY CARE UNIT				32
40	04000	SUBPROVIDER - IPF	1,946,185	-7,228	1,938,957	40
43	04300	NURSERY	762,380		762,380	43
44	04400	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	2,723,334	-7,835	2,715,499	44
50	05000	OPERATING ROOM	16,743,956	-459,686	16,284,270	50
53	05300	ANESTHESIOLOGY	680,864	-159,305	521,559	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,646,918	-3,649	4,643,269	54
54.01	03630	ULTRASOUND	1,475,908		1,475,908	54.01
55	05500	RADIOLOGY-THERAPEUTIC	2,446,678	-97,115	2,349,563	55
55.01	05501	CYBERKNIFE	4,904,639	-75,000	4,829,639	55.01
56	05600	RADIOISOTOPE	1,383,430	-22,200	1,361,230	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,774,912		1,774,912	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	979,245		979,245	58
59	05900	CARDIAC CATHETERIZATION	1,480,053		1,480,053	59
60	06000	LABORATORY	14,913,292	-468,222	14,445,070	60
62.30	06250	BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65	06500	RESPIRATORY THERAPY	2,081,180	-32,507	2,048,673	65
65.01	03950	SLEEP LAB	524,134	-41,994	482,140	65.01
66	06600	PHYSICAL THERAPY	3,849,654	-355	3,849,299	66
67	06700	OCCUPATIONAL THERAPY	881,613		881,613	67
68	06800	SPEECH PATHOLOGY	382,209		382,209	68
69	06900	ELECTROCARDIOLOGY	2,092,797	-1,243,573	849,224	69
72	07200	IMPL. DEV. CHARGED TO PATIENT	10,991,710		10,991,710	72
73	07300	DRUGS CHARGED TO PATIENTS	18,477,407		18,477,407	73
74	07400	RENAL DIALYSIS	513,932		513,932	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	11,037,094	-15,924	11,021,170	90
91	09100	EMERGENCY	5,578,144	-237,980	5,340,164	91
91.01	04950	OUTPATIENT CLINICS	5,931,079	-2,671,285	3,259,794	91.01
91.02	04951	CARDIAC REHAB	519,671	-40	519,631	91.02
91.03	04952	CENTRAL ADMISSION	523,795		523,795	91.03
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	4,156,679	-348,407	3,808,272	101
116	11600	HOSPICE	1,615,333		1,615,333	116
118		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	335,650,814	-37,848,881	297,801,933	118
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	203,572		203,572	190
192	19200	PHYSICIANS' PRIVATE OFFICES	4,856,737	-2,749,524	2,107,213	192
192.01	19201	MEALS ON WHEELS	411,535		411,535	192.01
192.02	19202	GUEST MEALS	11,654		11,654	192.02
194	07950	OTHER NONREIMBURSABLE				194
200		TOTAL (SUM OF LINES 118-199)	341,134,312	-40,598,405	300,535,907	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS CAFETERIA	A	CAFETERIA	11	1,129,315	1,028,232	1
2		GUEST MEALS	192.02	6,100	5,554	2
500 TOTAL RECLASSIFICATIONS				1,135,415	1,033,786	500
CODE LETTER - A						
1 RECLASS DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		18,186,546	1
2		CAP REL COSTS-MVBLE EQUIP	2		13,295,732	2
500 TOTAL RECLASSIFICATIONS					31,482,278	500
CODE LETTER - B						
1 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	73		18,477,407	1
500 TOTAL RECLASSIFICATIONS					18,477,407	500
CODE LETTER - C						
1 RECLASS PHYSICIAN ADMIN TIMES	D	SUBPROVIDER - IPF	40		7,313	1
2		SKILLED NURSING FACILITY	44		7,920	2
3		OPERATING ROOM	50		31,560	3
4		RADIOLOGY-THERAPEUTIC	55		3,600	4
5		ADULTS & PEDIATRICS	30		905,790	5
6		INTENSIVE CARE UNIT	31		53,200	6
7		LABORATORY	60		167,642	7
8		RESPIRATORY THERAPY	65		32,592	8
9		EMERGENCY	91		30,000	9
10		OUTPATIENT CLINICS	91.01		55,942	10
500 TOTAL RECLASSIFICATIONS					1,295,559	500
CODE LETTER - D						
1 RECLASS HHA BENEFITS	E	EMPLOYEE BENEFITS	4		725,616	1
2		ADMINISTRATIVE & GENERAL	5	195,932	9,753	2
500 TOTAL RECLASSIFICATIONS				195,932	735,369	500
CODE LETTER - E						
1 RECLASS RADIOLOGY SUPPORT COSTS	F	ULTRASOUND	54.01	71,630	2,964	1
2		RADIOLOGY-THERAPEUTIC	55	126,470	5,233	2
3		CYBERKNIFE	55.01	357,002	14,773	3
4		RADIOISOTOPE	56	100,698	4,167	4
5		COMPUTED TOMOGRAPHY (CT) SCAN	57	88,776	3,674	5
6		MAGNETIC RESONANCE IMAGING (M	58	43,336	1,793	6
500 TOTAL RECLASSIFICATIONS				787,912	32,604	500
CODE LETTER - F						
1 RECLASS SELF FUNDED DEPRECIATION	G	CAP REL COSTS-MVBLE EQUIP	2		885,017	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS					885,017	500
CODE LETTER - G						
1 PSYCH ADMIN COSTS	H	SUBPROVIDER - IPF	40	235,255	1,060	1
2		OUTPATIENT CLINICS	91.01	104,590	471	2
500 TOTAL RECLASSIFICATIONS				339,845	1,531	500
CODE LETTER - H						
1 RECLASS NURSERY COSTS	I	NURSERY	43	689,564	72,816	1
500 TOTAL RECLASSIFICATIONS				689,564	72,816	500
CODE LETTER - I						
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5	1,098,000		1
2		CLINIC	90		45,964	2
3		EMPLOYEE BENEFITS	4	41,113		3
500 TOTAL RECLASSIFICATIONS				1,139,113	45,964	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE	-----	
		COST	CENTER		LINE #	SALARY	OTHER
	1	2		3	4	5
1 HHA ADMIN COSTS	K	HOSPICE		116	283,541	137,869 1
500 TOTAL RECLASSIFICATIONS					283,541	137,869 500
CODE LETTER - K						
1 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY		67	40,666	902 1
2		SPEECH PATHOLOGY		68	17,630	391 2
500 TOTAL RECLASSIFICATIONS					58,296	1,293 500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	CAP REL COSTS-BLDG & FIXT		1		336,617 1
500 TOTAL RECLASSIFICATIONS						336,617 500
CODE LETTER - N						
1 SNF MANAGEMENT FEES	O	SKILLED NURSING FACILITY		44		303,668 1
2		PHYSICAL THERAPY		66		273,948 2
3		OCCUPATIONAL THERAPY		67		61,878 3
4		SPEECH PATHOLOGY		68		26,826 4
500 TOTAL RECLASSIFICATIONS						666,320 500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT		72		10,991,710 1
2						2
500 TOTAL RECLASSIFICATIONS						10,991,710 500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES		192	91,102	104,310 1
2						2
500 TOTAL RECLASSIFICATIONS					91,102	104,310 500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES		192	520,371	1,337,242 1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					520,371	1,337,242 500
CODE LETTER - R						
GRAND TOTAL (INCREASES)					5,241,091	67,637,692

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 RECLASS CAFETERIA	A	DIETARY	10	1,135,415	1,033,786	1
2						2
500 TOTAL RECLASSIFICATIONS				1,135,415	1,033,786	500
CODE LETTER - A						
1 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		31,482,278	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS					31,482,278	500
CODE LETTER - B						
1 RECLASS DRUGS SOLD	C	PHARMACY	15		18,477,407	1
500 TOTAL RECLASSIFICATIONS					18,477,407	500
CODE LETTER - C						
1 RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	5		1,295,559	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
500 TOTAL RECLASSIFICATIONS					1,295,559	500
CODE LETTER - D						
1 RECLASS HHA BENEFITS	E	HOME HEALTH AGENCY	101	195,932	735,369	1
2						2
500 TOTAL RECLASSIFICATIONS				195,932	735,369	500
CODE LETTER - E						
1 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	54	787,912	32,604	1
2						2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS				787,912	32,604	500
CODE LETTER - F						
1 RECLASS SELF FUNDED DEPRECIATION	G	EMPLOYEE BENEFITS	4		112,588	9 1
2		ADMINISTRATIVE & GENERAL	5		183,394	2
3		OPERATION OF PLANT	7		186,942	3
4		OPERATING ROOM	50		287,841	4
5		CARDIAC CATHETERIZATION	59		61,668	5
6		LABORATORY	60		35,000	6
7		PHYSICAL THERAPY	66		17,584	7
500 TOTAL RECLASSIFICATIONS					885,017	500
CODE LETTER - G						
1 PSYCH ADMIN COSTS	H	ADULTS & PEDIATRICS	30	339,845	1,531	1
2						2
500 TOTAL RECLASSIFICATIONS				339,845	1,531	500
CODE LETTER - H						
1 RECLASS NURSERY COSTS	I	ADULTS & PEDIATRICS	30	689,564	72,816	1
500 TOTAL RECLASSIFICATIONS				689,564	72,816	500
CODE LETTER - I						
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5		1,098,000	1
2		CLINIC	90	45,964		2
3		EMPLOYEE BENEFITS	4	41,113		3
500 TOTAL RECLASSIFICATIONS				87,077	1,098,000	500
CODE LETTER - J						

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 HHA ADMIN COSTS	K	HOME HEALTH AGENCY	101	283,541	137,869	1
500 TOTAL RECLASSIFICATIONS				283,541	137,869	500
CODE LETTER - K						
1 RECLASS REHAB ADMIN EXPENSES	M	PHYSICAL THERAPY	66	58,296	1,293	1
2						2
500 TOTAL RECLASSIFICATIONS				58,296	1,293	500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	ADMINISTRATIVE & GENERAL	5		336,617	9 1
500 TOTAL RECLASSIFICATIONS					336,617	500
CODE LETTER - N						
1 SNF MANAGEMENT FEES	O	ADMINISTRATIVE & GENERAL	5		666,320	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					666,320	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	OPERATING ROOM	50		6,336,880	1
2		CARDIAC CATHETERIZATION	59		4,654,830	2
500 TOTAL RECLASSIFICATIONS					10,991,710	500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	OPERATION OF PLANT	7	23,576	90,379	1
2		HOUSEKEEPING	9	67,526	13,931	2
500 TOTAL RECLASSIFICATIONS				91,102	104,310	500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	CAP REL COSTS-BLDG & FIXT	1		770,442	9 1
2		ADMINISTRATIVE & GENERAL	5	213,047	180,604	2
3		OPERATION OF PLANT	7	68,146	336,644	3
4		HOUSEKEEPING	9	239,178	49,552	4
500 TOTAL RECLASSIFICATIONS				520,371	1,337,242	500
CODE LETTER - R						
GRAND TOTAL (DECREASES)				4,189,055	68,689,728	

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	3,511,314		940,000	940,000		4,451,314	1
2 LAND IMPROVEMENTS	8,143,176		21,969,186	21,969,186		30,112,362	2
3 BUILDINGS AND FIXTURES	95,578,657		387,397,352	387,397,352		482,976,009	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	83,248,308		4,279,141	4,279,141		87,527,449	5
6 MOVABLE EQUIPMENT	141,284,294		80,035,704	80,035,704	1,544,776	219,775,222	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	331,765,749		494,621,383	494,621,383	1,544,776	824,842,356	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	331,765,749		494,621,383	494,621,383	1,544,776	824,842,356	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	200,631						200,631 1
2 CAP REL COSTS-MVBLE EQUIP	447,027						447,027 2
3 TOTAL (SUM OF LINES 1-2)	647,658						647,658 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	18,206,766						18,206,766 1
2 CAP REL COSTS-MVBLE EQUIP	14,625,298						14,625,298 2
3 TOTAL	32,832,064						32,832,064 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	-1,583,189	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) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-34,764	ADMINISTRATIVE & GENERAL	5	4 4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-198,389	ADMINISTRATIVE & GENERAL	5	7 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8 8
9 PARKING LOT (CHAPTER 21)					9 9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,381,587			10 10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11 11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	8,309,929			12 12
13 LAUNDRY AND LINEN SERVICE					13 13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,267,919	CAFETERIA	11	14 14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16 16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17 17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-20,497	MEDICAL RECORDS & LIBRARY	16	18 18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19 19
20 VENDING MACHINES					20 20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21 21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23 23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24 24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25 25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 28
29 PHYSICIANS' ASSISTANT					29 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30 30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31 31
32 CAH HIT ADJ FOR DEPRECIATION AND					32 32
33 COMMUNITY ED REVENUE	B	-33,418	ADMINISTRATIVE & GENERAL	5	33 33
33.03 ADVERTISING OFFSET	A	-3,657,057	ADMINISTRATIVE & GENERAL	5	33.03 33.03
33.08 FOUNDATION SALARIES CONTRA	B	-533,891	ADMINISTRATIVE & GENERAL	5	33.08 33.08
33.15 OFFSET ANSWERING SVC REVENUES	B	-383,335	ADMINISTRATIVE & GENERAL	5	33.15 33.15
33.21 RADIOLOGY OTHER REVENUE	B	-3,649	RADIOLOGY-DIAGNOSTIC	54	33.21 33.21
33.26 OFFSET MGMT FEES FOUNDATION	B	-57,188	ADMINISTRATIVE & GENERAL	5	33.26 33.26
34 ADVERTISING BENEFITS	A	-107,007	EMPLOYEE BENEFITS	4	34 34
34.31 MALPRACTICE COSTS	A	554	ADMINISTRATIVE & GENERAL	5	34.31 34.31
34.32 FOOD SERVICES OTHER REVENUE	B	-5,070	DIETARY	10	34.32 34.32
34.33 NURSING ADMIN OTHER REVENUE	B	-87,333	NURSING ADMINISTRATION	13	34.33 34.33
35					35 35
36					36 36
36.20 PHYSICAL THERAPY OTHER REVENUE	B	-355	PHYSICAL THERAPY	66	36.20 36.20
36.21 PATIENT PHONE BENEFITS	A	-19,537	EMPLOYEE BENEFITS	4	36.21 36.21
36.22 PATIENT PHONE DEPR	A	-2,478	CAP REL COSTS-MVBLE EQUIP	2	9 36.22 36.22
37					37 37
38 DIETARY LEASED EMPLOYEES	B	-45,864	DIETARY	10	38 38
39					39 39
40 OFFSET PERINATAL ED REVENUES	B	-24,365	ADULTS & PEDIATRICS	30	40 40
41 NON-ALLOWABLE INTEREST EXPENSE	A	-5,226,752	CAP REL COSTS-BLDG & FIXT	1	9 41 41
42 OFFSET BAD DEBT EXPENSE	A	-22,474,789	ADMINISTRATIVE & GENERAL	5	42 42
43 OFFSET BAD DEBT EXPENSE	A	-15,924	CLINIC	90	43 43
43.01 OFFSET IHA LOBBYIN DUES	A	-30,678	ADMINISTRATIVE & GENERAL	5	43.01 43.01
43.02 HHA RENT	A	-247,389	HOME HEALTH AGENCY	101	43.02 43.02
43.03 CHARITY CARE	A	-1,418,647	ADMINISTRATIVE & GENERAL	5	43.03 43.03
43.04 OTHER DUES, LOBBYING	A	-15,567	ADMINISTRATIVE & GENERAL	5	43.04 43.04
43.05 MISCELLANEOUS REVENUE	B	-163,181	ADMINISTRATIVE & GENERAL	5	43.05 43.05
43.06 OTHER REVENUE	B	-75,000	CYBERKNIFE	55.01	43.06 43.06
43.07 OTHER REVENUE	B	-22,200	RADIOISOTOPE	56	43.07 43.07

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
43.08 LINEN REVENUE	B	-493,190	LAUNDRY & LINEN SERVICE	8	43.08
43.09 OTHER REVENUE	B	-46,729	HOUSEKEEPING	9	43.09
44 PHARMACY OTHER REVENUE	B	-7,000	PHARMACY	15	44
45 OFFSET INFUSION THERAPY COST	A	-553,137	PHARMACY	15	45
45.03 OFFSET HHA BAD DEBTS	A	-101,018	HOME HEALTH AGENCY	101	45.03
45.07 OFFSET GOODWILL	A	-95,324	ADMINISTRATIVE & GENERAL	5	45.07
45.08 DONATIONS	A	-5,639	ADMINISTRATIVE & GENERAL	5	45.08
45.09 PAT ACCTG OTHER REVENUE	B	-10,275	ADMINISTRATIVE & GENERAL	5	45.09
45.11 QUAL RESOURCE MGMT REVENUE	B	-1,308	ADMINISTRATIVE & GENERAL	5	45.11
45.12 REVERSE CREDIT OF UN-REST CONTR	A	1,950,000	ADMINISTRATIVE & GENERAL	5	45.12
45.14 DIETARY PAT. REVENUE	B	-454,173	DIETARY	10	45.14
45.16 CLINICAL NUTRITION REVENUE	B	-61,274	DIETARY	10	45.16
45.18 BREAST PUMP RENTAL REVENUE	B	-8,512	ADULTS & PEDIATRICS	30	45.18
45.19 EDUCATION REVENUE	B	-3,280	ADULTS & PEDIATRICS	30	45.19
45.21 ER NURSING EDUCATION REVENUE	B	-2,810	EMERGENCY	91	45.21
45.22 ER OTHER OPER REVENUE	B	-235,170	EMERGENCY	91	45.22
45.23 OTHER CLINICS REVENUE	B	-2,192,507	OUTPATIENT CLINICS	91.01	45.23
45.24 CARDIAC REHAB OTHER REVENUE	B	-40	CARDIAC REHAB	91.02	45.24
45.25 CRNA PART B COSTS	A	-159,305	ANESTHESIOLOGY	53	45.25
45.26 CRNA BENEFITS	A	-16,654	EMPLOYEE BENEFITS	4	45.26
45.29 ACCESS HEALTH SUBSIDY	A	-525,000	ADMINISTRATIVE & GENERAL	5	45.29
45.31 PHYSICIANS PART B COSTS	A	-2,749,524	PHYSICIANS' PRIVATE OFFICES	192	45.31
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-40,598,405			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	1,630,574		1,630,574	1
2	1	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	6,809,941		6,809,941	9 2
3	5	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD		384,000	-384,000	3
4	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	253,414		253,414	9 4
5		TOTALS (SUM OF LINES 1-4)		8,693,929	384,000	8,309,929	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
6	B ELMHURST PARENT CORP	100.00					6
7							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	1,770,613	240,640	1,529,973	177,000	203	17,274	864	1
2	30 ADULTS & PEDIATRICS	BIRTHING CENTER	905,791	707,739	198,052	177,000	2,086	177,511	8,876	2
3	31 INTENSIVE CARE UNIT	AGGREGATE	53,200		53,200	177,000	1	85	4	3
4	40 SUBPROVIDER - IPF	AGGREGATE	7,313		7,313	177,000	1	85	4	4
5	44 SKILLED NURSING FACILITY	AGGREGATE	7,920		7,920	177,000	1	85	4	5
6	50 OPERATING ROOM	AGGREGATE	459,771		459,771	177,000	1	85	4	6
7	4 EMPLOYEE BENEFITS	AGRREGATE	10,000		10,000	177,000	1	85	4	7
8	55 RADIOLOGY-THERAPEUTIC	AGGREGATE	97,200		97,200	177,000	1	85	4	8
9	60 LABORATORY	AGGREGATE	468,307	300,665	167,642	177,000	1	85	4	9
10	65 RESPIRATORY THERAPY	AGGREGATE	32,592		32,592	177,000	1	85	4	10
11	69 ELECTROCARDIOLOGY	AGGREGATE	1,243,573	1,243,573						11
12	91 EMERGENCY	AGGREGATE	30,000		30,000	177,000	2,080	177,000	8,850	12
13	91.01 OUTPATIENT CLINICS	AGGREGATE	478,863	473,276	5,587	177,000	1	85	4	13
14	65.01 SLEEP LAB	AGGREGATE	42,079		42,079	177,000	1	85	4	14
200	TOTAL		5,607,222	2,965,893	2,641,329		4,379	372,635	18,630	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				17,274	1,512,699	1,753,339	1
2	30 ADULTS & PEDIATRICS	BIRTHING CENTER				177,511	20,541	728,280	2
3	31 INTENSIVE CARE UNIT	AGGREGATE				85	53,115	53,115	3
4	40 SUBPROVIDER - IPF	AGGREGATE				85	7,228	7,228	4
5	44 SKILLED NURSING FACILITY	AGGREGATE				85	7,835	7,835	5
6	50 OPERATING ROOM	AGGREGATE				85	459,686	459,686	6
7	4 EMPLOYEE BENEFITS	AGRREGATE				85	9,915	9,915	7
8	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				85	97,115	97,115	8
9	60 LABORATORY	AGGREGATE				85	167,557	468,222	9
10	65 RESPIRATORY THERAPY	AGGREGATE				85	32,507	32,507	10
11	69 ELECTROCARDIOLOGY	AGGREGATE						1,243,573	11
12	91 EMERGENCY	AGGREGATE				177,000			12
13	91.01 OUTPATIENT CLINICS	AGRREGATE				85	5,502	478,778	13
14	65.01 SLEEP LAB	AGGREGATE				85	41,994	41,994	14
200	TOTAL					372,635	2,415,694	5,381,587	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	18,206,766	18,206,766				1
2 CAP REL COSTS-MVBLE EQUIP	14,625,298		14,625,298			2
4 EMPLOYEE BENEFITS	34,371,503	132,603	116,764	34,620,870		4
5 ADMINISTRATIVE & GENERAL	50,011,316	3,071,631	4,691,399	7,060,456	64,834,802	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	12,348,497	4,208,911	743,637	669,769	17,970,814	7
8 LAUNDRY & LINEN SERVICE	1,332,593	422,371	8,767	128,903	1,892,634	8
9 HOUSEKEEPING	3,306,164	187,269	25,833	702,143	4,221,409	9
10 DIETARY	1,445,093	222,565	78,368	331,735	2,077,761	10
11 CAFETERIA	1,271,466	359,822	81,067	354,698	2,067,053	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,908,465	93,675	1,233,137	815,939	6,051,216	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,890,165	110,247	161,846	1,221,278	7,383,536	15
16 MEDICAL RECORDS & LIBRARY	2,054,712	167,496	135,009	503,961	2,861,178	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	23,861,556	2,671,966	389,502	5,647,724	32,570,748	30
31 INTENSIVE CARE UNIT	5,042,419	448,439	103,432	1,155,180	6,749,470	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	1,938,957	238,949	3,429	440,895	2,622,230	40
43 NURSERY	762,380	135,966	42,667	180,229	1,121,242	43
44 SKILLED NURSING FACILITY	2,715,499	340,399	14,721	592,423	3,663,042	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,284,270	1,223,127	1,823,463	2,275,082	21,605,942	50
53 ANESTHESIOLOGY	521,559	26,903	227,269	92,789	868,520	53
54 RADIOLOGY-DIAGNOSTIC	4,643,269	664,817	1,929,926	963,254	8,201,266	54
54.01 ULTRASOUND	1,475,908	35,162	133,977	361,954	2,007,001	54.01
55 RADIOLOGY-THERAPEUTIC	2,349,563	104,032	94,611	491,443	3,039,649	55
55.01 CYBERKNIFE	4,829,639	37,664		106,090	4,973,393	55.01
56 RADIOISOTOPE	1,361,230	396,517	98,536	193,590	2,049,873	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,774,912	43,206	202,144	296,941	2,317,203	57
58 MAGNETIC RESONANCE IMAGING (MRI)	979,245	39,897	253,036	213,291	1,485,469	58
59 CARDIAC CATHETERIZATION	1,480,053	283,069	830,277	393,468	2,986,867	59
60 LABORATORY	14,445,070	639,609	535,724	1,748,821	17,369,224	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,048,673	62,818	137,516	430,718	2,679,725	65
65.01 SLEEP LAB	482,140	126,442		96,806	705,388	65.01
66 PHYSICAL THERAPY	3,849,299	127,787	15,460	870,495	4,863,041	66
67 OCCUPATIONAL THERAPY	881,613	47,456	332	196,185	1,125,586	67
68 SPEECH PATHOLOGY	382,209	26,903		92,141	501,253	68
69 ELECTROCARDIOLOGY	849,224	122,541	108,510	210,426	1,290,701	69
72 IMPL. DEV. CHARGED TO PATIENT	10,991,710				10,991,710	72
73 DRUGS CHARGED TO PATIENTS	18,477,407				18,477,407	73
74 RENAL DIALYSIS	513,932	196,281	4,619		714,832	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,021,170	75,435	93,976	1,755,445	12,946,026	90
91 EMERGENCY	5,340,164	244,733	241,670	1,208,847	7,035,414	91
91.01 OUTPATIENT CLINICS	3,259,794	386,779	46,657	1,093,275	4,786,505	91.01
91.02 CARDIAC REHAB	519,631	81,945	16,158	132,551	750,285	91.02
91.03 CENTRAL ADMISSION	523,795			126,799	650,594	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	3,808,272	202,012		705,171	4,715,455	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,615,333	67,257		224,685	1,907,275	116
118 SUBTOTALS (SUM OF LINES 1-117)	297,801,933	18,074,701	14,623,439	34,085,600	297,132,739	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	203,572	66,718	1,859	35,235	307,384	190
192 PHYSICIANS' PRIVATE OFFICES	2,107,213	59,966		390,880	2,558,059	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4)	
					4A	
192.01 MEALS ON WHEELS	411,535	5,381		107,561	524,477	192.01
192.02 GUEST MEALS	11,654			1,594	13,248	192.02
194 OTHER NONREIMBURSABLE						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	300,535,907	18,206,766	14,625,298	34,620,870	300,535,907	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	64,834,802					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,943,268	22,914,082				7
8 LAUNDRY & LINEN SERVICE	520,611	896,663	3,309,908			8
9 HOUSEKEEPING	1,161,191	397,559		5,780,159		9
10 DIETARY	571,534	472,490		126,322	3,248,107	10
11 CAFETERIA	568,588	763,877		204,226		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,664,520	198,865		53,167		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,031,004	234,046		62,573		15
16 MEDICAL RECORDS & LIBRARY	787,030	355,581		95,066		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	8,959,330	5,672,394	1,534,325	1,516,539	2,230,400	30
31 INTENSIVE CARE UNIT	1,856,590	952,005	111,954	254,522	191,837	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	721,302	507,271	25,386	135,621	221,896	40
43 NURSERY	308,422	288,646	16,890	77,171		43
44 SKILLED NURSING FACILITY	1,007,600	722,642	169,563	193,201	581,537	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,943,190	2,596,611	562,109	694,215	228	50
53 ANESTHESIOLOGY	238,906	57,112		15,269		53
54 RADIOLOGY-DIAGNOSTIC	2,255,939	1,411,359	47,250	377,333		54
54.01 ULTRASOUND	552,070	74,646	27,029	19,957		54.01
55 RADIOLOGY-THERAPEUTIC	836,122	220,853	32,573	59,046		55
55.01 CYBERKNIFE	1,368,041	79,957		21,377		55.01
56 RADIOISOTOPE	563,863	841,778	17,453	225,053		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	637,398	91,722	47,593	24,522		57
58 MAGNETIC RESONANCE IMAGING (MRI)	408,611	84,698		22,644		58
59 CARDIAC CATHETERIZATION	821,603	600,936	48,978	160,663	5,969	59
60 LABORATORY	4,777,787	1,357,845	9,940	363,025		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	737,117	133,357		35,654		65
65.01 SLEEP LAB	194,032	268,428	10,533	71,765		65.01
66 PHYSICAL THERAPY	1,337,686	271,283	55,067	72,529		66
67 OCCUPATIONAL THERAPY	309,617	100,746		26,935		67
68 SPEECH PATHOLOGY	137,881	57,112		15,269		68
69 ELECTROCARDIOLOGY	355,036	260,147	195	69,551		69
72 IMPL. DEV. CHARGED TO PATIENT	3,023,512					72
73 DRUGS CHARGED TO PATIENTS	5,082,617		64			73
74 RENAL DIALYSIS	196,630	416,691	2,808	111,404		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,561,089	160,143		42,815		90
91 EMERGENCY	1,935,245	519,551	380,684	138,904	16,240	91
91.01 OUTPATIENT CLINICS	1,316,634	821,104		219,525		91.01
91.02 CARDIAC REHAB	206,382	173,964	267	46,510		91.02
91.03 CENTRAL ADMISSION	178,960					91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	1,297,090	428,856		114,656		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	524,638	142,781		38,173		116
118 SUBTOTALS (SUM OF LINES 1-117)	63,898,686	22,633,719	3,100,661	5,705,202	3,248,107	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,553	141,638		37,868		190
192 PHYSICIANS' PRIVATE OFFICES	703,650	127,303	209,247	34,035		192
192.01 MEALS ON WHEELS	144,269	11,422		3,054		192.01
192.02 GUEST MEALS	3,644					192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
194	OTHER NONREIMBURSABLE						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	64,834,802	22,914,082	3,309,908	5,780,159	3,248,107	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
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	3,603,744					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	83,371	8,051,139				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	145,171		9,856,330			15
16 MEDICAL RECORDS & LIBRARY	124,708			4,223,563		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	860,669	3,115,711	12,095	562,656	57,034,867	30
31 INTENSIVE CARE UNIT	157,261	569,301	1,909	78,011	10,922,860	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	72,813	263,590	244	42,172	4,612,525	40
43 NURSERY	23,071	83,521		20,469	1,939,432	43
44 SKILLED NURSING FACILITY	97,394	352,577	512	56,209	6,844,277	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	338,189	1,224,278	63,161	417,150	33,445,073	50
53 ANESTHESIOLOGY	13,360	48,364	925	119,449	1,361,905	53
54 RADIOLOGY-DIAGNOSTIC	137,207		36,903	185,486	12,652,743	54
54.01 ULTRASOUND	42,910		762	71,891	2,796,266	54.01
55 RADIOLOGY-THERAPEUTIC	72,928	264,006	21	78,903	4,604,101	55
55.01 CYBERKNIFE	28,789	104,218		61,798	6,637,573	55.01
56 RADIOISOTOPE	27,153		298,947	47,904	4,072,024	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	38,690		174,793	229,827	3,561,748	57
58 MAGNETIC RESONANCE IMAGING (MRI)	25,040		56,491	136,252	2,219,205	58
59 CARDIAC CATHETERIZATION	49,365		46,153	138,682	4,859,216	59
60 LABORATORY	320,650		437	461,087	24,659,995	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	69,819		26,480	103,697	3,785,849	65
65.01 SLEEP LAB	17,709			13,126	1,280,981	65.01
66 PHYSICAL THERAPY	143,267		911	75,056	6,818,840	66
67 OCCUPATIONAL THERAPY	28,216		260	19,840	1,611,200	67
68 SPEECH PATHOLOGY	11,700			8,199	731,414	68
69 ELECTROCARDIOLOGY	33,816		20	17,329	2,026,795	69
72 IMPL. DEV. CHARGED TO PATIENT				133,642	14,148,864	72
73 DRUGS CHARGED TO PATIENTS			8,910,368	828,219	33,298,675	73
74 RENAL DIALYSIS	28,464	103,044	101	6,232	1,580,206	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			190,128	108,112	17,008,313	90
91 EMERGENCY	181,049	655,415	8,612	161,945	11,033,059	91
91.01 OUTPATIENT CLINICS	162,198	587,173	26,097	33,441	7,952,677	91.01
91.02 CARDIAC REHAB	19,447	70,402		5,322	1,272,579	91.02
91.03 CENTRAL ADMISSION				1,457	831,011	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	142,533	515,983			7,214,573	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	25,844	93,556			2,732,267	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,522,801	8,051,139	9,856,330	4,223,563	295,551,113	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,586				578,029	190
192 PHYSICIANS' PRIVATE OFFICES	74,357				3,706,651	192
192.01 MEALS ON WHEELS					683,222	192.01
192.02 GUEST MEALS					16,892	192.02

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PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
	11	13	15	16	24	
194 OTHER NONREIMBURSABLE						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,603,744	8,051,139	9,856,330	4,223,563	300,535,907	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES 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		57,034,867	30
31 INTENSIVE CARE UNIT		10,922,860	31
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF		4,612,525	40
43 NURSERY		1,939,432	43
44 SKILLED NURSING FACILITY		6,844,277	44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		33,445,073	50
53 ANESTHESIOLOGY		1,361,905	53
54 RADIOLOGY-DIAGNOSTIC		12,652,743	54
54.01 ULTRASOUND		2,796,266	54.01
55 RADIOLOGY-THERAPEUTIC		4,604,101	55
55.01 CYBERKNIFE		6,637,573	55.01
56 RADIOISOTOPE		4,072,024	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,561,748	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,219,205	58
59 CARDIAC CATHETERIZATION		4,859,216	59
60 LABORATORY		24,659,995	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY		3,785,849	65
65.01 SLEEP LAB		1,280,981	65.01
66 PHYSICAL THERAPY		6,818,840	66
67 OCCUPATIONAL THERAPY		1,611,200	67
68 SPEECH PATHOLOGY		731,414	68
69 ELECTROCARDIOLOGY		2,026,795	69
72 IMPL. DEV. CHARGED TO PATIENT		14,148,864	72
73 DRUGS CHARGED TO PATIENTS		33,298,675	73
74 RENAL DIALYSIS		1,580,206	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC		17,008,313	90
91 EMERGENCY		11,033,059	91
91.01 OUTPATIENT CLINICS		7,952,677	91.01
91.02 CARDIAC REHAB		1,272,579	91.02
91.03 CENTRAL ADMISSION		831,011	91.03
92 OBSERVATION BEDS			92
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
101 HOME HEALTH AGENCY		7,214,573	101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE		2,732,267	116
118 SUBTOTALS (SUM OF LINES 1-117)		295,551,113	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		578,029	190
192 PHYSICIANS' PRIVATE OFFICES		3,706,651	192
192.01 MEALS ON WHEELS		683,222	192.01
192.02 GUEST MEALS		16,892	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	
194	OTHER NONREIMBURSABLE			194
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)		300,535,907	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		132,603	116,764	249,367	249,367	4
5 ADMINISTRATIVE & GENERAL	19,991	3,071,631	4,691,399	7,783,021	50,811	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		4,208,911	743,637	4,952,548	4,825	7
8 LAUNDRY & LINEN SERVICE		422,371	8,767	431,138	929	8
9 HOUSEKEEPING		187,269	25,833	213,102	5,059	9
10 DIETARY	10,172	222,565	78,368	311,105	2,390	10
11 CAFETERIA	9,466	359,822	81,067	450,355	2,555	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		93,675	1,233,137	1,326,812	5,878	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	106,441	110,247	161,846	378,534	8,799	15
16 MEDICAL RECORDS & LIBRARY	15,211	167,496	135,009	317,716	3,631	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	8,195	2,671,966	389,502	3,069,663	40,689	30
31 INTENSIVE CARE UNIT		448,439	103,432	551,871	8,322	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF		238,949	3,429	242,378	3,176	40
43 NURSERY		135,966	42,667	178,633	1,298	43
44 SKILLED NURSING FACILITY	1,397	340,399	14,721	356,517	4,268	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	407,791	1,223,127	1,823,463	3,454,381	16,391	50
53 ANESTHESIOLOGY		26,903	227,269	254,172	668	53
54 RADIOLOGY-DIAGNOSTIC		664,817	1,929,926	2,594,743	6,940	54
54.01 ULTRASOUND		35,162	133,977	169,139	2,608	54.01
55 RADIOLOGY-THERAPEUTIC	35,646	104,032	94,611	234,289	3,541	55
55.01 CYBERKNIFE		37,664		37,664	764	55.01
56 RADIOISOTOPE		396,517	98,536	495,053	1,395	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		43,206	202,144	245,350	2,139	57
58 MAGNETIC RESONANCE IMAGING (MRI)		39,897	253,036	292,933	1,537	58
59 CARDIAC CATHETERIZATION		283,069	830,277	1,113,346	2,835	59
60 LABORATORY	653,726	639,609	535,724	1,829,059	12,599	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,929	62,818	137,516	203,263	3,103	65
65.01 SLEEP LAB		126,442		126,442	697	65.01
66 PHYSICAL THERAPY		127,787	15,460	143,247	6,271	66
67 OCCUPATIONAL THERAPY		47,456	332	47,788	1,413	67
68 SPEECH PATHOLOGY		26,903		26,903	664	68
69 ELECTROCARDIOLOGY	50,329	122,541	108,510	281,380	1,516	69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		196,281	4,619	200,900		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		75,435	93,976	169,411	12,647	90
91 EMERGENCY	5,142	244,733	241,670	491,545	8,709	91
91.01 OUTPATIENT CLINICS	144,168	386,779	46,657	577,604	7,876	91.01
91.02 CARDIAC REHAB		81,945	16,158	98,103	955	91.02
91.03 CENTRAL ADMISSION					914	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY		202,012		202,012	5,080	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		67,257		67,257	1,619	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,470,604	18,074,701	14,623,439	34,168,744	245,511	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,718	1,859	68,577	254	190
192 PHYSICIANS' PRIVATE OFFICES		59,966		59,966	2,816	192
192.01 MEALS ON WHEELS		5,381		5,381	775	192.01
192.02 GUEST MEALS					11	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
194	OTHER NONREIMBURSABLE					194
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	1,470,604	18,206,766	14,625,298	34,302,668	249,367 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	7,833,832					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	597,278	5,554,651				7
8 LAUNDRY & LINEN SERVICE	62,904	217,362	712,333			8
9 HOUSEKEEPING	140,303	96,373		454,837		9
10 DIETARY	69,056	114,537		9,940	507,028	10
11 CAFETERIA	68,701	185,173		16,070		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	201,118	48,207		4,184		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	245,399	56,736		4,924		15
16 MEDICAL RECORDS & LIBRARY	95,094	86,197		7,481		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,082,591	1,375,055	330,205	119,337	348,163	30
31 INTENSIVE CARE UNIT	224,325	230,778	24,094	20,028	29,946	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	87,152	122,969	5,463	10,672	34,638	40
43 NURSERY	37,266	69,971	3,635	6,073		43
44 SKILLED NURSING FACILITY	121,745	175,177	36,492	15,203	90,778	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	718,095	629,450	120,973	54,627	36	50
53 ANESTHESIOLOGY	28,866	13,845		1,202		53
54 RADIOLOGY-DIAGNOSTIC	272,577	342,131	10,169	29,692		54
54.01 ULTRASOUND	66,705	18,095	5,817	1,570		54.01
55 RADIOLOGY-THERAPEUTIC	101,026	53,538	7,010	4,646		55
55.01 CYBERKNIFE	165,296	19,383		1,682		55.01
56 RADIOISOTOPE	68,130	204,057	3,756	17,709		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	77,015	22,235	10,243	1,930		57
58 MAGNETIC RESONANCE IMAGING (MRI)	49,371	20,532		1,782		58
59 CARDIAC CATHETERIZATION	99,272	145,674	10,541	12,642	932	59
60 LABORATORY	577,284	329,158	2,139	28,566		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	89,063	32,327		2,806		65
65.01 SLEEP LAB	23,444	65,070	2,267	5,647		65.01
66 PHYSICAL THERAPY	161,628	65,762	11,851	5,707		66
67 OCCUPATIONAL THERAPY	37,410	24,422		2,119		67
68 SPEECH PATHOLOGY	16,660	13,845		1,202		68
69 ELECTROCARDIOLOGY	42,898	63,063	42	5,473		69
72 IMPL. DEV. CHARGED TO PATIENT	365,320					72
73 DRUGS CHARGED TO PATIENTS	614,115		14			73
74 RENAL DIALYSIS	23,758	101,011	604	8,766		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	430,274	38,821		3,369		90
91 EMERGENCY	233,829	125,945	81,928	10,930	2,535	91
91.01 OUTPATIENT CLINICS	159,084	199,045		17,274		91.01
91.02 CARDIAC REHAB	24,936	42,171	57	3,660		91.02
91.03 CENTRAL ADMISSION	21,623					91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	156,723	103,960		9,022		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	63,390	34,612		3,004		116
118 SUBTOTALS (SUM OF LINES 1-117)	7,720,724	5,486,687	667,300	448,939	507,028	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,216	34,335		2,980		190
192 PHYSICIANS' PRIVATE OFFICES	85,020	30,860	45,033	2,678		192
192.01 MEALS ON WHEELS	17,432	2,769		240		192.01
192.02 GUEST MEALS	440					192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
194	OTHER NONREIMBURSABLE						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,833,832	5,554,651	712,333	454,837	507,028	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
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	722,854					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,723	1,602,922				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	29,119		723,511			15
16 MEDICAL RECORDS & LIBRARY	25,014			535,133		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	172,635	620,316	888	71,350	7,230,892	30
31 INTENSIVE CARE UNIT	31,544	113,344	140	9,892	1,244,284	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	14,605	52,479	18	5,348	578,898	40
43 NURSERY	4,628	16,628		2,596	320,728	43
44 SKILLED NURSING FACILITY	19,536	70,195	38	7,128	897,077	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	67,835	243,745	4,636	52,898	5,363,067	50
53 ANESTHESIOLOGY	2,680	9,629	68	15,147	326,277	53
54 RADIOLOGY-DIAGNOSTIC	27,522		2,709	23,521	3,310,004	54
54.01 ULTRASOUND	8,607		56	9,116	281,713	54.01
55 RADIOLOGY-THERAPEUTIC	14,628	52,562	2	10,006	481,248	55
55.01 CYBERKNIFE	5,775	20,749		7,836	259,149	55.01
56 RADIOISOTOPE	5,446		21,944	6,075	823,565	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	7,761		12,831	29,144	408,648	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,023		4,147	17,278	392,603	58
59 CARDIAC CATHETERIZATION	9,902		3,388	17,586	1,416,118	59
60 LABORATORY	64,317		32	58,470	2,901,624	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	14,005		1,944	13,150	359,661	65
65.01 SLEEP LAB	3,552			1,665	228,784	65.01
66 PHYSICAL THERAPY	28,737		67	9,518	432,788	66
67 OCCUPATIONAL THERAPY	5,660		19	2,516	121,347	67
68 SPEECH PATHOLOGY	2,347			1,040	62,661	68
69 ELECTROCARDIOLOGY	6,783		1	2,198	403,354	69
72 IMPL. DEV. CHARGED TO PATIENT				16,947	382,267	72
73 DRUGS CHARGED TO PATIENTS			654,072	104,571	1,372,772	73
74 RENAL DIALYSIS	5,710	20,515	7	790	362,061	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			13,956	13,710	682,188	90
91 EMERGENCY	36,315	130,488	632	20,536	1,143,392	91
91.01 OUTPATIENT CLINICS	32,534	116,902	1,916	4,241	1,116,476	91.01
91.02 CARDIAC REHAB	3,901	14,016		675	188,474	91.02
91.03 CENTRAL ADMISSION				185	22,722	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	28,590	102,728			608,115	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	5,184	18,626			193,692	116
118 SUBTOTALS (SUM OF LINES 1-117)	706,618	1,602,922	723,511	535,133	33,916,649	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,321				117,683	190
192 PHYSICIANS' PRIVATE OFFICES	14,915				241,288	192
192.01 MEALS ON WHEELS					26,597	192.01
192.02 GUEST MEALS					451	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		11	13	15	16	24	
194	OTHER NONREIMBURSABLE						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	722,854	1,602,922	723,511	535,133	34,302,668	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		7,230,892		30
31 INTENSIVE CARE UNIT		1,244,284		31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		578,898		40
43 NURSERY		320,728		43
44 SKILLED NURSING FACILITY		897,077		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		5,363,067		50
53 ANESTHESIOLOGY		326,277		53
54 RADIOLOGY-DIAGNOSTIC		3,310,004		54
54.01 ULTRASOUND		281,713		54.01
55 RADIOLOGY-THERAPEUTIC		481,248		55
55.01 CYBERKNIFE		259,149		55.01
56 RADIOISOTOPE		823,565		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		408,648		57
58 MAGNETIC RESONANCE IMAGING (MRI)		392,603		58
59 CARDIAC CATHETERIZATION		1,416,118		59
60 LABORATORY		2,901,624		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY		359,661		65
65.01 SLEEP LAB		228,784		65.01
66 PHYSICAL THERAPY		432,788		66
67 OCCUPATIONAL THERAPY		121,347		67
68 SPEECH PATHOLOGY		62,661		68
69 ELECTROCARDIOLOGY		403,354		69
72 IMPL. DEV. CHARGED TO PATIENT		382,267		72
73 DRUGS CHARGED TO PATIENTS		1,372,772		73
74 RENAL DIALYSIS		362,061		74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		682,188		90
91 EMERGENCY		1,143,392		91
91.01 OUTPATIENT CLINICS		1,116,476		91.01
91.02 CARDIAC REHAB		188,474		91.02
91.03 CENTRAL ADMISSION		22,722		91.03
92 OBSERVATION BEDS				92
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
101 HOME HEALTH AGENCY		608,115		101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE		193,692		116
118 SUBTOTALS (SUM OF LINES 1-117)		33,916,649		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		117,683		190
192 PHYSICIANS' PRIVATE OFFICES		241,288		192
192.01 MEALS ON WHEELS		26,597		192.01
192.02 GUEST MEALS		451		192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	
194	OTHER NONREIMBURSABLE			194
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)		34,302,668	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	676,766					1
2 CAP REL COSTS-MVBLE EQUIP		13,711,095				2
4 EMPLOYEE BENEFITS	4,929	109,465	132,461,468			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	114,176	4,398,144	27,013,881	-64,834,802	235,701,105	5
7 OPERATION OF PLANT	156,450	697,154	2,562,573		17,970,814	7
8 LAUNDRY & LINEN SERVICE	15,700	8,219	493,190		1,892,634	8
9 HOUSEKEEPING	6,961	24,218	2,686,434		4,221,409	9
10 DIETARY	8,273	73,469	1,269,236		2,077,761	10
11 CAFETERIA	13,375	76,000	1,357,095		2,067,053	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,482	1,156,056	3,121,827		6,051,216	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,098	151,729	4,672,672		7,383,536	15
16 MEDICAL RECORDS & LIBRARY	6,226	126,570	1,928,180		2,861,178	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	99,320	365,155	21,608,489		32,570,748	30
31 INTENSIVE CARE UNIT	16,669	96,967	4,419,780		6,749,470	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	8,882	3,215	1,686,889		2,622,230	40
43 NURSERY	5,054	40,000	689,564		1,121,242	43
44 SKILLED NURSING FACILITY	12,653	13,801	2,266,642		3,663,042	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,465	1,709,482	8,704,582		21,605,942	50
53 ANESTHESIOLOGY	1,000	213,063	355,015		868,520	53
54 RADIOLOGY-DIAGNOSTIC	24,712	1,809,290	3,685,461		8,201,266	54
54.01 ULTRASOUND	1,307	125,602	1,384,854		2,007,001	54.01
55 RADIOLOGY-THERAPEUTIC	3,867	88,697	1,880,285		3,039,649	55
55.01 CYBERKNIFE	1,400		405,907		4,973,393	55.01
56 RADIOISOTOPE	14,739	92,377	740,686		2,049,873	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,606	189,508	1,136,113		2,317,203	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,483	237,219	816,061		1,485,469	58
59 CARDIAC CATHETERIZATION	10,522	778,378	1,505,429		2,986,867	59
60 LABORATORY	23,775	502,237	6,691,081		17,369,224	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,335	128,920	1,647,948		2,679,725	65
65.01 SLEEP LAB	4,700		370,384		705,388	65.01
66 PHYSICAL THERAPY	4,750	14,494	3,330,560		4,863,041	66
67 OCCUPATIONAL THERAPY	1,764	311	750,613		1,125,586	67
68 SPEECH PATHOLOGY	1,000		352,535		501,253	68
69 ELECTROCARDIOLOGY	4,555	101,727	805,099		1,290,701	69
72 IMPL. DEV. CHARGED TO PATIENT					10,991,710	72
73 DRUGS CHARGED TO PATIENTS					18,477,407	73
74 RENAL DIALYSIS	7,296	4,330			714,832	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,804	88,102	6,716,425		12,946,026	90
91 EMERGENCY	9,097	226,564	4,625,111		7,035,414	91
91.01 OUTPATIENT CLINICS	14,377	43,741	4,182,926		4,786,505	91.01
91.02 CARDIAC REHAB	3,046	15,148	507,147		750,285	91.02
91.03 CENTRAL ADMISSION			485,140		650,594	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	7,509		2,698,023		4,715,455	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,500		859,658		1,907,275	116
118 SUBTOTALS (SUM OF LINES 1-117)	671,857	13,709,352	130,413,495	-64,834,802	232,297,937	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,480	1,743	134,812		307,384	190
192 PHYSICIANS' PRIVATE OFFICES	2,229		1,495,526		2,558,059	192
192.01 MEALS ON WHEELS	200		411,535		524,477	192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
192.02 GUEST MEALS			6,100		13,248	192.02
194 OTHER NONREIMBURSABLE						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,206,766	14,625,298	34,620,870		64,834,802	202
203 UNIT COST MULT-WS B PT I	26.902601	1.066676	0.261366		0.275072	203
204 COST TO BE ALLOC PER B PT II			249,367		7,833,832	204
205 UNIT COST MULT-WS B PT II			0.001883		0.033236	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	FTES	
	FEET	POUNDS OF	FEET	SERVED		
	7	LAUNDRY	9	10	11	
		8				
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	401,211					7
8 LAUNDRY & LINEN SERVICE	15,700	2,421,458				8
9 HOUSEKEEPING	6,961		378,550			9
10 DIETARY	8,273		8,273	228,001		10
11 CAFETERIA	13,375		13,375		2,978,260	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,482		3,482		68,901	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,098		4,098		119,974	15
16 MEDICAL RECORDS & LIBRARY	6,226		6,226		103,063	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	99,320	1,122,479	99,320	156,563	711,288	30
31 INTENSIVE CARE UNIT	16,669	81,903	16,669	13,466	129,966	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	8,882	18,572	8,882	15,576	60,175	40
43 NURSERY	5,054	12,356	5,054		19,067	43
44 SKILLED NURSING FACILITY	12,653	124,049	12,653	40,821	80,490	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,465	411,227	45,465	16	279,491	50
53 ANESTHESIOLOGY	1,000		1,000		11,041	53
54 RADIOLOGY-DIAGNOSTIC	24,712	34,567	24,712		113,393	54
54.01 ULTRASOUND	1,307	19,774	1,307		35,462	54.01
55 RADIOLOGY-THERAPEUTIC	3,867	23,830	3,867		60,270	55
55.01 CYBERKNIFE	1,400		1,400		23,792	55.01
56 RADIOISOTOPE	14,739	12,768	14,739		22,440	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,606	34,818	1,606		31,975	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,483		1,483		20,694	58
59 CARDIAC CATHETERIZATION	10,522	35,831	10,522	419	40,797	59
60 LABORATORY	23,775	7,272	23,775		264,996	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,335		2,335		57,701	65
65.01 SLEEP LAB	4,700	7,706	4,700		14,635	65.01
66 PHYSICAL THERAPY	4,750	40,286	4,750		118,401	66
67 OCCUPATIONAL THERAPY	1,764		1,764		23,319	67
68 SPEECH PATHOLOGY	1,000		1,000		9,669	68
69 ELECTROCARDIOLOGY	4,555	143	4,555		27,947	69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		47				73
74 RENAL DIALYSIS	7,296	2,054	7,296		23,524	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,804		2,804			90
91 EMERGENCY	9,097	278,500	9,097	1,140	149,625	91
91.01 OUTPATIENT CLINICS	14,377		14,377		134,046	91.01
91.02 CARDIAC REHAB	3,046	195	3,046		16,072	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	7,509		7,509		117,794	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,500		2,500		21,358	116
118 SUBTOTALS (SUM OF LINES 1-117)	396,302	2,268,377	373,641	228,001	2,911,366	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,480		2,480		5,443	190
192 PHYSICIANS' PRIVATE OFFICES	2,229	153,081	2,229		61,451	192
192.01 MEALS ON WHEELS	200		200			192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	MEALS SERVED 10	FTEs 11	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	22,914,082	3,309,908	5,780,159	3,248,107	3,603,744	202
203 UNIT COST MULT-WS B PT I	57.112298	1.366907	15.269209	14.246021	1.210017	203
204 COST TO BE ALLOC PER B PT II	5,554,651	712,333	454,837	507,028	722,854	204
205 UNIT COST MULT-WS B PT II	13.844713	0.294175	1.201524	2.223797	0.242710	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION	1,837,999			13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY		20,439,050		15
16 MEDICAL RECORDS & LIBRARY			1,198,249,492	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	711,288	25,081	159,618,700	30
31 INTENSIVE CARE UNIT	129,966	3,958	22,130,678	31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF	60,175	505	11,963,818	40
43 NURSERY	19,067		5,806,879	43
44 SKILLED NURSING FACILITY	80,490	1,062	15,945,885	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	279,491	130,977	118,340,411	50
53 ANESTHESIOLOGY	11,041	1,919	33,886,150	53
54 RADIOLOGY-DIAGNOSTIC		76,526	52,620,030	54
54.01 ULTRASOUND		1,580	20,394,647	54.01
55 RADIOLOGY-THERAPEUTIC	60,270	43	22,383,734	55
55.01 CYBERKNIFE	23,792		17,531,299	55.01
56 RADIOISOTOPE		619,927	13,589,851	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		362,468	65,199,290	57
58 MAGNETIC RESONANCE IMAGING (MRI)		117,146	38,653,163	58
59 CARDIAC CATHETERIZATION		95,707	39,342,445	59
60 LABORATORY		906	130,804,732	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY		54,912	29,417,497	65
65.01 SLEEP LAB			3,723,791	65.01
66 PHYSICAL THERAPY		1,890	21,292,499	66
67 OCCUPATIONAL THERAPY		540	5,628,406	67
68 SPEECH PATHOLOGY			2,325,922	68
69 ELECTROCARDIOLOGY		41	4,916,109	69
72 IMPL. DEV. CHARGED TO PATIENT			37,912,754	72
73 DRUGS CHARGED TO PATIENTS		18,477,407	235,031,043	73
74 RENAL DIALYSIS	23,524	209	1,767,821	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		394,269	30,670,146	90
91 EMERGENCY	149,625	17,859	45,941,765	91
91.01 OUTPATIENT CLINICS	134,046	54,118	9,486,828	91.01
91.02 CARDIAC REHAB	16,072		1,509,861	91.02
91.03 CENTRAL ADMISSION			413,338	91.03
92 OBSERVATION BEDS				92
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
101 HOME HEALTH AGENCY	117,794			101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE	21,358			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,837,999	20,439,050	1,198,249,492	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 MEALS ON WHEELS				192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
192.02 GUEST MEALS				192.02
194 OTHER NONREIMBURSABLE				194
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	8,051,139	9,856,330	4,223,563	202
203 UNIT COST MULT-WS B PT I	4.380383	0.482230	0.003525	203
204 COST TO BE ALLOC PER B PT II	1,602,922	723,511	535,133	204
205 UNIT COST MULT-WS B PT II	0.872102	0.035398	0.000447	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	57,034,867		57,034,867	20,541	57,055,408	30
31 INTENSIVE CARE UNIT	10,922,860		10,922,860	53,115	10,975,975	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	4,612,525		4,612,525	7,228	4,619,753	40
43 NURSERY	1,939,432		1,939,432		1,939,432	43
44 SKILLED NURSING FACILITY	6,844,277		6,844,277	7,835	6,852,112	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,445,073		33,445,073	459,686	33,904,759	50
53 ANESTHESIOLOGY	1,361,905		1,361,905		1,361,905	53
54 RADIOLOGY-DIAGNOSTIC	12,652,743		12,652,743		12,652,743	54
54.01 ULTRASOUND	2,796,266		2,796,266		2,796,266	54.01
55 RADIOLOGY-THERAPEUTIC	4,604,101		4,604,101	97,115	4,701,216	55
55.01 CYBERKNIFE	6,637,573		6,637,573		6,637,573	55.01
56 RADIOISOTOPE	4,072,024		4,072,024		4,072,024	56
57 COMPUTED TOMOGRAPHY (CT) SC	3,561,748		3,561,748		3,561,748	57
58 MAGNETIC RESONANCE IMAGING	2,219,205		2,219,205		2,219,205	58
59 CARDIAC CATHETERIZATION	4,859,216		4,859,216		4,859,216	59
60 LABORATORY	24,659,995		24,659,995	167,557	24,827,552	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	3,785,849		3,785,849	32,507	3,818,356	65
65.01 SLEEP LAB	1,280,981		1,280,981	41,994	1,322,975	65.01
66 PHYSICAL THERAPY	6,818,840		6,818,840		6,818,840	66
67 OCCUPATIONAL THERAPY	1,611,200		1,611,200		1,611,200	67
68 SPEECH PATHOLOGY	731,414		731,414		731,414	68
69 ELECTROCARDIOLOGY	2,026,795		2,026,795		2,026,795	69
72 IMPL. DEV. CHARGED TO PATIE	14,148,864		14,148,864		14,148,864	72
73 DRUGS CHARGED TO PATIENTS	33,298,675		33,298,675		33,298,675	73
74 RENAL DIALYSIS	1,580,206		1,580,206		1,580,206	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	17,008,313		17,008,313		17,008,313	90
91 EMERGENCY	11,033,059		11,033,059		11,033,059	91
91.01 OUTPATIENT CLINICS	7,952,677		7,952,677	5,502	7,958,179	91.01
91.02 CARDIAC REHAB	1,272,579		1,272,579		1,272,579	91.02
91.03 CENTRAL ADMISSION	831,011		831,011		831,011	91.03
92 OBSERVATION BEDS	5,167,206		5,167,206		5,167,206	92
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	7,214,573		7,214,573		7,214,573	101
116 HOSPICE	2,732,267		2,732,267		2,732,267	116
200 SUBTOTAL (SEE INSTRUCTIONS)	300,718,319		300,718,319	893,080	301,611,399	200
201 LESS OBSERVATION BEDS	5,167,206		5,167,206		5,167,206	201
202 TOTAL (SEE INSTRUCTIONS)	295,551,113		295,551,113	893,080	296,444,193	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	151,765,241		151,765,241			30
31 INTENSIVE CARE UNIT	22,130,678		22,130,678			31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	11,963,818		11,963,818			40
43 NURSERY	5,806,879		5,806,879			43
44 SKILLED NURSING FACILITY	15,945,885		15,945,885			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	61,046,457	57,293,954	118,340,411	0.282618	0.282618	0.286502 50
53 ANESTHESIOLOGY	18,153,516	15,732,634	33,886,150	0.040191	0.040191	0.040191 53
54 RADIOLOGY-DIAGNOSTIC	15,958,395	36,661,635	52,620,030	0.240455	0.240455	0.240455 54
54.01 ULTRASOUND	3,580,955	16,813,692	20,394,647	0.137108	0.137108	0.137108 54.01
55 RADIOLOGY-THERAPEUTIC	1,264,834	21,118,900	22,383,734	0.205690	0.205690	0.210028 55
55.01 CYBERKNIFE	74,913	17,456,386	17,531,299	0.378613	0.378613	0.378613 55.01
56 RADIOISOTOPE	3,950,264	9,639,587	13,589,851	0.299637	0.299637	0.299637 56
57 COMPUTED TOMOGRAPHY (CT) SC	16,585,294	48,613,996	65,199,290	0.054629	0.054629	0.054629 57
58 MAGNETIC RESONANCE IMAGING	5,853,730	32,799,433	38,653,163	0.057413	0.057413	0.057413 58
59 CARDIAC CATHETERIZATION	21,661,099	17,681,346	39,342,445	0.123511	0.123511	0.123511 59
60 LABORATORY	49,439,177	81,365,555	130,804,732	0.188525	0.188525	0.189806 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	26,796,948	2,620,549	29,417,497	0.128694	0.128694	0.129799 65
65.01 SLEEP LAB		3,723,791	3,723,791	0.343999	0.343999	0.355276 65.01
66 PHYSICAL THERAPY	9,419,611	11,872,888	21,292,499	0.320246	0.320246	0.320246 66
67 OCCUPATIONAL THERAPY	3,959,133	1,669,273	5,628,406	0.286262	0.286262	0.286262 67
68 SPEECH PATHOLOGY	2,043,452	282,470	2,325,922	0.314462	0.314462	0.314462 68
69 ELECTROCARDIOLOGY	1,484,656	3,431,453	4,916,109	0.412276	0.412276	0.412276 69
72 IMPL. DEV. CHARGED TO PATIE	27,684,822	10,227,932	37,912,754	0.373195	0.373195	0.373195 72
73 DRUGS CHARGED TO PATIENTS	146,152,127	88,878,916	235,031,043	0.141678	0.141678	0.141678 73
74 RENAL DIALYSIS	1,704,508	63,313	1,767,821	0.893872	0.893872	0.893872 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	33,791	30,636,355	30,670,146	0.554556	0.554556	0.554556 90
91 EMERGENCY	15,212,657	30,729,108	45,941,765	0.240153	0.240153	0.240153 91
91.01 OUTPATIENT CLINICS	262,411	9,224,417	9,486,828	0.838286	0.838286	0.838866 91.01
91.02 CARDIAC REHAB	156,043	1,353,818	1,509,861	0.842845	0.842845	0.842845 91.02
91.03 CENTRAL ADMISSION	123,827	289,511	413,338	2.010488	2.010488	2.010488 91.03
92 OBSERVATION BEDS	330,815	7,522,644	7,853,459	0.657953	0.657953	0.657953 92
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
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	640,545,936	557,703,556	1,198,249,492			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	640,545,936	557,703,556	1,198,249,492			202

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	7,230,892		7,230,892	134.14	29,226	3,920,376	30
31 INTENSIVE CARE UNIT	1,244,284		1,244,284	215.16	3,080	662,693	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	578,898		578,898	121.44	1,567	190,296	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	320,728		320,728	99.36			43
44 SKILLED NURSING FACILITY	897,077		897,077	69.68	11,293	786,896	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,271,879		10,271,879		45,166	5,560,261	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL	
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,363,067	118,340,411	0.045319	28,525,122	1,292,730	50
53 ANESTHESIOLOGY	326,277	33,886,150	0.009629	8,566,507	82,487	53
54 RADIOLOGY-DIAGNOSTIC	3,310,004	52,620,030	0.062904	10,639,878	669,291	54
54.01 ULTRASOUND	281,713	20,394,647	0.013813	2,217,189	30,626	54.01
55 RADIOLOGY-THERAPEUTIC	481,248	22,383,734	0.021500	1,002,780	21,560	55
55.01 CYBERKNIFE	259,149	17,531,299	0.014782	72,213	1,067	55.01
56 RADIOISOTOPE	823,565	13,589,851	0.060601	2,571,204	155,818	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	408,648	65,199,290	0.006268	10,489,477	65,748	57
58 MAGNETIC RESONANCE IMAGING (M	392,603	38,653,163	0.010157	3,519,230	35,745	58
59 CARDIAC CATHETERIZATION	1,416,118	39,342,445	0.035995	14,382,933	517,714	59
60 LABORATORY	2,901,624	130,804,732	0.022183	29,771,597	660,423	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	359,661	29,417,497	0.012226	16,998,281	207,821	65
65.01 SLEEP LAB	228,784	3,723,791	0.061438			65.01
66 PHYSICAL THERAPY	432,788	21,292,499	0.020326	3,033,405	61,657	66
67 OCCUPATIONAL THERAPY	121,347	5,628,406	0.021560	893,726	19,269	67
68 SPEECH PATHOLOGY	62,661	2,325,922	0.026940	987,006	26,590	68
69 ELECTROCARDIOLOGY	403,354	4,916,109	0.082047	1,131,563	92,841	69
72 IMPL. DEV. CHARGED TO PATIENT	382,267	37,912,754	0.010083	15,719,975	158,505	72
73 DRUGS CHARGED TO PATIENTS	1,372,772	235,031,043	0.005841	79,040,679	461,677	73
74 RENAL DIALYSIS	362,061	1,767,821	0.204806	1,252,115	256,441	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	682,188	30,670,146	0.022243	28,703	638	90
91 EMERGENCY	1,143,392	45,941,765	0.024888	8,529,524	212,283	91
91.01 OUTPATIENT CLINICS	1,116,476	9,486,828	0.117687	173,823	20,457	91.01
91.02 CARDIAC REHAB	188,474	1,509,861	0.124829	86,376	10,782	91.02
91.03 CENTRAL ADMISSION	22,722	413,338	0.054972	112,862	6,204	91.03
92 OBSERVATION BEDS	654,866	7,853,459	0.083386			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	23,497,829	990,636,991	990,636,991	239,746,168	5,068,374	200

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
 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 [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	53,906		29,226		30
31 INTENSIVE CARE UNIT	5,783		3,080		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,767		1,567		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	3,228				43
44 SKILLED NURSING FACILITY	12,875		11,293		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	80,559		45,166		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 OUTPATIENT CLINICS						91.01
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0200)	[] SUB (OTHER)	[] ICF/MR	[] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA
BOXES	[] TITLE XIX	[] IRF	[] NF		
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 + COL. 7)	(COL. 6 + COL. 7)	INPAT PGM CHARGES	(COL. 8 x COL. 10) O/P PGM CHARGES (COL. 9 x COL. 12)
	7	8	9	10	11 12 13
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	118,340,411			28,525,122	12,112,432 50
53 ANESTHESIOLOGY	33,886,150			8,566,507	2,917,778 53
54 RADIOLOGY-DIAGNOSTIC	52,620,030			10,639,878	9,784,649 54
54.01 ULTRASOUND	20,394,647			2,217,189	3,459,232 54.01
55 RADIOLOGY-THERAPEUTIC	22,383,734			1,002,780	9,199,732 55
55.01 CYBERKNIFE	17,531,299			72,213	9,387,229 55.01
56 RADIOISOTOPE	13,589,851			2,571,204	3,410,857 56
57 COMPUTED TOMOGRAPHY (CT) SCA	65,199,290			10,489,477	14,325,232 57
58 MAGNETIC RESONANCE IMAGING (	38,653,163			3,519,230	8,245,101 58
59 CARDIAC CATHETERIZATION	39,342,445			14,382,933	7,012,651 59
60 LABORATORY	130,804,732			29,771,597	4,540,245 60
62.30 BLOOD CLOTTING FACTORS ADMIN					
65 RESPIRATORY THERAPY	29,417,497			16,998,281	723,068 62.30
65.01 SLEEP LAB	3,723,791				802,130 65
66 PHYSICAL THERAPY	21,292,499			3,033,405	337,377 65.01
67 OCCUPATIONAL THERAPY	5,628,406			893,726	65 66
68 SPEECH PATHOLOGY	2,325,922			987,006	2,670 67
69 ELECTROCARDIOLOGY	4,916,109			1,131,563	2,357,241 68
72 IMPL. DEV. CHARGED TO PATIEN	37,912,754			15,719,975	4,664,879 69
73 DRUGS CHARGED TO PATIENTS	235,031,043			79,040,679	29,079,320 72
74 RENAL DIALYSIS	1,767,821			1,252,115	37,928 73
76.97 CARDIAC REHABILITATION					
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	30,670,146			28,703	3,861,764 74
91 EMERGENCY	45,941,765			8,529,524	5,042,858 76.97
91.01 OUTPATIENT CLINICS	9,486,828			173,823	271,326 76.98
91.02 CARDIAC REHAB	1,509,861			86,376	680,346 76.99
91.03 CENTRAL ADMISSION	413,338			112,862	53,406 90
92 OBSERVATION BEDS	7,853,459				1,626,553 91
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	990,636,991			239,746,168	133,936,069 91.01 91.02 91.03 92

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.282618	12,112,432			3,423,191		50
53 ANESTHESIOLOGY	0.040191	2,917,778			117,268		53
54 RADIOLOGY-DIAGNOSTIC	0.240455	9,784,649			2,352,768		54
54.01 ULTRASOUND	0.137108	3,459,232			474,288		54.01
55 RADIOLOGY-THERAPEUTIC	0.205690	9,199,732			1,892,293		55
55.01 CYBERKNIFE	0.378613	9,387,229			3,554,127		55.01
56 RADIOISOTOPE	0.299637	3,410,857			1,022,019		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629	14,325,232			782,573		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413	8,245,101			473,376		58
59 CARDIAC CATHETERIZATION	0.123511	7,012,651			866,140		59
60 LABORATORY	0.188525	4,540,245			855,950		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.128694	723,068			93,055		65
65.01 SLEEP LAB	0.343999	802,130			275,932		65.01
66 PHYSICAL THERAPY	0.320246	337,377			108,044		66
67 OCCUPATIONAL THERAPY	0.286262	65			19		67
68 SPEECH PATHOLOGY	0.314462	2,670			840		68
69 ELECTROCARDIOLOGY	0.412276	2,357,241			971,834		69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195	4,664,879			1,740,910		72
73 DRUGS CHARGED TO PATIENTS	0.141678	29,079,320		120,323	4,119,900		73
74 RENAL DIALYSIS	0.893872	37,928			33,903		74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.554556	3,861,764			2,141,564		90
91 EMERGENCY	0.240153	5,042,858			1,211,057		91
91.01 OUTPATIENT CLINICS	0.838286	271,326			227,449		91.01
91.02 CARDIAC REHAB	0.842845	680,346			573,426		91.02
91.03 CENTRAL ADMISSION	2.010488	53,406			107,372		91.03
92 OBSERVATION BEDS	0.657953	1,626,553			1,070,195		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		133,936,069		120,323	28,489,493		17,047 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		133,936,069		120,323	28,489,493		17,047 202

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-S200) [] 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	5,363,067	118,340,411	0.045319			50
53	ANESTHESIOLOGY	326,277	33,886,150	0.009629			53
54	RADIOLOGY-DIAGNOSTIC	3,310,004	52,620,030	0.062904	14,096	887	54
54.01	ULTRASOUND	281,713	20,394,647	0.013813			54.01
55	RADIOLOGY-THERAPEUTIC	481,248	22,383,734	0.021500			55
55.01	CYBERKNIFE	259,149	17,531,299	0.014782			55.01
56	RADIOISOTOPE	823,565	13,589,851	0.060601			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	408,648	65,199,290	0.006268	52,791	331	57
58	MAGNETIC RESONANCE IMAGING (M	392,603	38,653,163	0.010157	8,260	84	58
59	CARDIAC CATHETERIZATION	1,416,118	39,342,445	0.035995			59
60	LABORATORY	2,901,624	130,804,732	0.022183	286,246	6,350	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	359,661	29,417,497	0.012226	7,195	88	65
65.01	SLEEP LAB	228,784	3,723,791	0.061438			65.01
66	PHYSICAL THERAPY	432,788	21,292,499	0.020326	22,405	455	66
67	OCCUPATIONAL THERAPY	121,347	5,628,406	0.021560	7,078	153	67
68	SPEECH PATHOLOGY	62,661	2,325,922	0.026940	830	22	68
69	ELECTROCARDIOLOGY	403,354	4,916,109	0.082047	13,023	1,068	69
72	IMPL. DEV. CHARGED TO PATIENT	382,267	37,912,754	0.010083			72
73	DRUGS CHARGED TO PATIENTS	1,372,772	235,031,043	0.005841	626,082	3,657	73
74	RENAL DIALYSIS	362,061	1,767,821	0.204806			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	682,188	30,670,146	0.022243			90
91	EMERGENCY	1,143,392	45,941,765	0.024888	114,704	2,855	91
91.01	OUTPATIENT CLINICS	1,116,476	9,486,828	0.117687	1,140	134	91.01
91.02	CARDIAC REHAB	188,474	1,509,861	0.124829			91.02
91.03	CENTRAL ADMISSION	22,722	413,338	0.054972			91.03
92	OBSERVATION BEDS	654,866	7,853,459	0.083386			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	23,497,829	990,636,991	990,636,991	1,153,850	16,084	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-S200) [] 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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 OUTPATIENT CLINICS						91.01
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S200)	[] 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	118,340,411					50
53	ANESTHESIOLOGY	33,886,150					53
54	RADIOLOGY-DIAGNOSTIC	52,620,030			14,096		54
54.01	ULTRASOUND	20,394,647					54.01
55	RADIOLOGY-THERAPEUTIC	22,383,734					55
55.01	CYBERKNIFE	17,531,299					55.01
56	RADIOISOTOPE	13,589,851					56
57	COMPUTED TOMOGRAPHY (CT) SCA	65,199,290			52,791		57
58	MAGNETIC RESONANCE IMAGING (	38,653,163			8,260		58
59	CARDIAC CATHETERIZATION	39,342,445					59
60	LABORATORY	130,804,732			286,246		60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	29,417,497			7,195		65
65.01	SLEEP LAB	3,723,791					65.01
66	PHYSICAL THERAPY	21,292,499			22,405		66
67	OCCUPATIONAL THERAPY	5,628,406			7,078		67
68	SPEECH PATHOLOGY	2,325,922			830		68
69	ELECTROCARDIOLOGY	4,916,109			13,023		69
72	IMPL. DEV. CHARGED TO PATIEN	37,912,754					72
73	DRUGS CHARGED TO PATIENTS	235,031,043			626,082		73
74	RENAL DIALYSIS	1,767,821					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	30,670,146					90
91	EMERGENCY	45,941,765			114,704		91
91.01	OUTPATIENT CLINICS	9,486,828			1,140		91.01
91.02	CARDIAC REHAB	1,509,861					91.02
91.03	CENTRAL ADMISSION	413,338					91.03
92	OBSERVATION BEDS	7,853,459					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	990,636,991			1,153,850		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 [] IPF [XX] SNF (14-5826) [] 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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 OUTPATIENT CLINICS						91.01
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5826)		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,340,411		4,666			50
53	ANESTHESIOLOGY	33,886,150		676			53
54	RADIOLOGY-DIAGNOSTIC	52,620,030		187,310			54
54.01	ULTRASOUND	20,394,647		20,563			54.01
55	RADIOLOGY-THERAPEUTIC	22,383,734					55
55.01	CYBERKNIFE	17,531,299					55.01
56	RADIOISOTOPE	13,589,851		13,853			56
57	COMPUTED TOMOGRAPHY (CT) SCA	65,199,290		12,714			57
58	MAGNETIC RESONANCE IMAGING (	38,653,163					58
59	CARDIAC CATHETERIZATION	39,342,445					59
60	LABORATORY	130,804,732		1,824,684			60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	29,417,497		736,266			65
65.01	SLEEP LAB	3,723,791					65.01
66	PHYSICAL THERAPY	21,292,499		4,474,809			66
67	OCCUPATIONAL THERAPY	5,628,406		2,369,672			67
68	SPEECH PATHOLOGY	2,325,922		692,232			68
69	ELECTROCARDIOLOGY	4,916,109		31,436			69
72	IMPL. DEV. CHARGED TO PATIEN	37,912,754					72
73	DRUGS CHARGED TO PATIENTS	235,031,043		6,491,517			73
74	RENAL DIALYSIS	1,767,821		15,413			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	30,670,146					90
91	EMERGENCY	45,941,765		242,277			91
91.01	OUTPATIENT CLINICS	9,486,828		3,800			91.01
91.02	CARDIAC REHAB	1,509,861					91.02
91.03	CENTRAL ADMISSION	413,338					91.03
92	OBSERVATION BEDS	7,853,459					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	990,636,991		17,121,888			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5826) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.282618						50
53 ANESTHESIOLOGY	0.040191						53
54 RADIOLOGY-DIAGNOSTIC	0.240455						54
54.01 ULTRASOUND	0.137108						54.01
55 RADIOLOGY-THERAPEUTIC	0.205690						55
55.01 CYBERKNIFE	0.378613						55.01
56 RADIOISOTOPE	0.299637						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413						58
59 CARDIAC CATHETERIZATION	0.123511						59
60 LABORATORY	0.188525						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.128694						65
65.01 SLEEP LAB	0.343999						65.01
66 PHYSICAL THERAPY	0.320246						66
67 OCCUPATIONAL THERAPY	0.286262						67
68 SPEECH PATHOLOGY	0.314462						68
69 ELECTROCARDIOLOGY	0.412276						69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195						72
73 DRUGS CHARGED TO PATIENTS	0.141678						73
74 RENAL DIALYSIS	0.893872						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.554556						90
91 EMERGENCY	0.240153						91
91.01 OUTPATIENT CLINICS	0.838286						91.01
91.02 CARDIAC REHAB	0.842845						91.02
91.03 CENTRAL ADMISSION	2.010488						91.03
92 OBSERVATION BEDS	0.657953						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
 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 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	SWING-BED	(COL.1 MINUS	(COL.3 +	DAYS	(COL.5 x	
	B, PT. II,	ADJUSTMENT	COL.2)	COL.4)	DAYS	COL.6)	
	COL. 26)						
	1	2	3	4	5	6	
						7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
55.01 CYBERKNIFE					55.01
56 RADIOISOTOPE					56
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
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 OUTPATIENT CLINICS					91.01
91.02 CARDIAC REHAB					91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
 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
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: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
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 (14-0200) [] 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			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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 OUTPATIENT CLINICS						91.01
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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 PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	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)	COL. 13)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	118,340,411						50
53 ANESTHESIOLOGY	33,886,150						53
54 RADIOLOGY-DIAGNOSTIC	52,620,030						54
54.01 ULTRASOUND	20,394,647						54.01
55 RADIOLOGY-THERAPEUTIC	22,383,734						55
55.01 CYBERKNIFE	17,531,299						55.01
56 RADIOISOTOPE	13,589,851						56
57 COMPUTED TOMOGRAPHY (CT) SCA	65,199,290						57
58 MAGNETIC RESONANCE IMAGING (	38,653,163						58
59 CARDIAC CATHETERIZATION	39,342,445						59
60 LABORATORY	130,804,732						60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	29,417,497						65
65.01 SLEEP LAB	3,723,791						65.01
66 PHYSICAL THERAPY	21,292,499						66
67 OCCUPATIONAL THERAPY	5,628,406						67
68 SPEECH PATHOLOGY	2,325,922						68
69 ELECTROCARDIOLOGY	4,916,109						69
72 IMPL. DEV. CHARGED TO PATIEN	37,912,754						72
73 DRUGS CHARGED TO PATIENTS	235,031,043						73
74 RENAL DIALYSIS	1,767,821						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	30,670,146						90
91 EMERGENCY	45,941,765						91
91.01 OUTPATIENT CLINICS	9,486,828						91.01
91.02 CARDIAC REHAB	1,509,861						91.02
91.03 CENTRAL ADMISSION	413,338						91.03
92 OBSERVATION BEDS	7,853,459						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	990,636,991						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] 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 CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.282618						50
53 ANESTHESIOLOGY	0.040191						53
54 RADIOLOGY-DIAGNOSTIC	0.240455						54
54.01 ULTRASOUND	0.137108						54.01
55 RADIOLOGY-THERAPEUTIC	0.205690						55
55.01 CYBERKNIFE	0.378613						55.01
56 RADIOISOTOPE	0.299637						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413						58
59 CARDIAC CATHETERIZATION	0.123511						59
60 LABORATORY	0.188525						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.128694						65
65.01 SLEEP LAB	0.343999						65.01
66 PHYSICAL THERAPY	0.320246						66
67 OCCUPATIONAL THERAPY	0.286262						67
68 SPEECH PATHOLOGY	0.314462						68
69 ELECTROCARDIOLOGY	0.412276						69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195						72
73 DRUGS CHARGED TO PATIENTS	0.141678						73
74 RENAL DIALYSIS	0.893872						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.554556						90
91 EMERGENCY	0.240153						91
91.01 OUTPATIENT CLINICS	0.838286						91.01
91.02 CARDIAC REHAB	0.842845						91.02
91.03 CENTRAL ADMISSION	2.010488						91.03
92 OBSERVATION BEDS	0.657953						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM	(COL.3 x
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	COL.4)
	B, PT. II,	C, PT. I,	(COL.1 +		
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
55.01 CYBERKNIFE					55.01
56 RADIOISOTOPE					56
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
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 OUTPATIENT CLINICS					91.01
91.02 CARDIAC REHAB					91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 OUTPATIENT CLINICS						91.01
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	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. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)	COL. 13)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	118,340,411						50
53 ANESTHESIOLOGY	33,886,150						53
54 RADIOLOGY-DIAGNOSTIC	52,620,030			31,604			54
54.01 ULTRASOUND	20,394,647						54.01
55 RADIOLOGY-THERAPEUTIC	22,383,734						55
55.01 CYBERKNIFE	17,531,299						55.01
56 RADIOISOTOPE	13,589,851						56
57 COMPUTED TOMOGRAPHY (CT) SCA	65,199,290						57
58 MAGNETIC RESONANCE IMAGING (	38,653,163						58
59 CARDIAC CATHETERIZATION	39,342,445						59
60 LABORATORY	130,804,732			142,593			60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	29,417,497			9,408			65
65.01 SLEEP LAB	3,723,791						65.01
66 PHYSICAL THERAPY	21,292,499			1,373			66
67 OCCUPATIONAL THERAPY	5,628,406						67
68 SPEECH PATHOLOGY	2,325,922			560			68
69 ELECTROCARDIOLOGY	4,916,109			3,925			69
72 IMPL. DEV. CHARGED TO PATIEN	37,912,754						72
73 DRUGS CHARGED TO PATIENTS	235,031,043			183,644			73
74 RENAL DIALYSIS	1,767,821						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	30,670,146						90
91 EMERGENCY	45,941,765			65,894			91
91.01 OUTPATIENT CLINICS	9,486,828			144			91.01
91.02 CARDIAC REHAB	1,509,861						91.02
91.03 CENTRAL ADMISSION	413,338						91.03
92 OBSERVATION BEDS	7,853,459						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	990,636,991			439,145			200

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] 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)	53,906	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,906	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,906	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)	29,226	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)	57,055,408	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	57,055,408	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.598242	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,769.22	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)	57,055,408	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,058.42 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,933,383 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) 30,933,383 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	10,975,975	5,783	1,897.97	3,080	5,845,748	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					45,494,478	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					82,273,609	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,583,069 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,068,374 51
 52 TOTAL PROGRAM EXCLUDABLE COST 9,651,443 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 72,622,166 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,882 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,058.42 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,167,206 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	7,230,892	57,055,408	0.126735	5,167,206	654,866	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-S200) [] 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)	4,767	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,767	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,767	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)	1,567	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)	4,619,753	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	4,619,753	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.753056	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,286.90	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)	4,619,753	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-S200) [] 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)	969.11 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,518,595 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)	1,518,595 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	194,048 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,712,643 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	190,296 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	16,084 51
52	TOTAL PROGRAM EXCLUDABLE COST	206,380 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,506,263 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5826) [] 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)	12,875	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,875	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,875	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)	11,293	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)	6,852,112	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	6,852,112	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,280,341	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,280,341	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.738347	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)	720.80	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)	6,852,112	37

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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VERSION: 2011.10
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WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5826) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	6,852,112	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	532.20	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	6,010,135	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	6,010,135	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	6,010,135	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	3,829,682	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	9,839,817	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] 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)	53,906	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,906	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,906	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)	3,757	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)	3,228	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	807	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)	57,034,867	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	57,034,867	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.598026	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,769.22	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)	57,034,867	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,058.04 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,975,056 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,975,056 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)	1,939,432	3,228	600.82	807	484,862 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,922,860	5,783	1,888.79	502	948,173 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					5,408,091 49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,882 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

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1			
90 CAPITAL-RELATED COST				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 [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] 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)	4,767	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,767	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,767	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)	1,167	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)	4,612,525	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	4,612,525	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.751878	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,286.90	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)	4,612,525	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S200)			[]	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)	967.59 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,129,178 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)	1,129,178 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	79,890 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,209,068 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 INSTRUCT (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		74,743,453		30
31 INTENSIVE CARE UNIT		12,885,638		31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.286502	28,525,122	8,172,505	50
53 ANESTHESIOLOGY	0.040191	8,566,507	344,296	53
54 RADIOLOGY-DIAGNOSTIC	0.240455	10,639,878	2,558,412	54
54.01 ULTRASOUND	0.137108	2,217,189	303,994	54.01
55 RADIOLOGY-THERAPEUTIC	0.210028	1,002,780	210,612	55
55.01 CYBERKNIFE	0.378613	72,213	27,341	55.01
56 RADIOISOTOPE	0.299637	2,571,204	770,428	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629	10,489,477	573,030	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413	3,519,230	202,050	58
59 CARDIAC CATHETERIZATION	0.123511	14,382,933	1,776,450	59
60 LABORATORY	0.189806	29,771,597	5,650,828	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.129799	16,998,281	2,206,360	65
65.01 SLEEP LAB	0.355276			65.01
66 PHYSICAL THERAPY	0.320246	3,033,405	971,436	66
67 OCCUPATIONAL THERAPY	0.286262	893,726	255,840	67
68 SPEECH PATHOLOGY	0.314462	987,006	310,376	68
69 ELECTROCARDIOLOGY	0.412276	1,131,563	466,516	69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195	15,719,975	5,866,616	72
73 DRUGS CHARGED TO PATIENTS	0.141678	79,040,679	11,198,325	73
74 RENAL DIALYSIS	0.893872	1,252,115	1,119,231	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.554556	28,703	15,917	90
91 EMERGENCY	0.240153	8,529,524	2,048,391	91
91.01 OUTPATIENT CLINICS	0.838866	173,823	145,814	91.01
91.02 CARDIAC REHAB	0.842845	86,376	72,802	91.02
91.03 CENTRAL ADMISSION	2.010488	112,862	226,908	91.03
92 OBSERVATION BEDS	0.657953			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		239,746,168	45,494,478	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		239,746,168		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-S200) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		3,948,810		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.286502			50
53 ANESTHESIOLOGY	0.040191			53
54 RADIOLOGY-DIAGNOSTIC	0.240455	14,096	3,389	54
54.01 ULTRASOUND	0.137108			54.01
55 RADIOLOGY-THERAPEUTIC	0.210028			55
55.01 CYBERKNIFE	0.378613			55.01
56 RADIOISOTOPE	0.299637			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629	52,791	2,884	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413	8,260	474	58
59 CARDIAC CATHETERIZATION	0.123511			59
60 LABORATORY	0.189806	286,246	54,331	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.129799	7,195	934	65
65.01 SLEEP LAB	0.355276			65.01
66 PHYSICAL THERAPY	0.320246	22,405	7,175	66
67 OCCUPATIONAL THERAPY	0.286262	7,078	2,026	67
68 SPEECH PATHOLOGY	0.314462	830	261	68
69 ELECTROCARDIOLOGY	0.412276	13,023	5,369	69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195			72
73 DRUGS CHARGED TO PATIENTS	0.141678	626,082	88,702	73
74 RENAL DIALYSIS	0.893872			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.554556			90
91 EMERGENCY	0.240153	114,704	27,547	91
91.01 OUTPATIENT CLINICS	0.838866	1,140	956	91.01
91.02 CARDIAC REHAB	0.842845			91.02
91.03 CENTRAL ADMISSION	2.010488			91.03
92 OBSERVATION BEDS	0.657953			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,153,850	194,048	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,153,850		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5826) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.282618	4,666	1,319	50
53 ANESTHESIOLOGY	0.040191	676	27	53
54 RADIOLOGY-DIAGNOSTIC	0.240455	187,310	45,040	54
54.01 ULTRASOUND	0.137108	20,563	2,819	54.01
55 RADIOLOGY-THERAPEUTIC	0.205690			55
55.01 CYBERKNIFE	0.378613			55.01
56 RADIOISOTOPE	0.299637	13,853	4,151	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629	12,714	695	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413			58
59 CARDIAC CATHETERIZATION	0.123511			59
60 LABORATORY	0.188525	1,824,684	343,999	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.128694	736,266	94,753	65
65.01 SLEEP LAB	0.343999			65.01
66 PHYSICAL THERAPY	0.320246	4,474,809	1,433,040	66
67 OCCUPATIONAL THERAPY	0.286262	2,369,672	678,347	67
68 SPEECH PATHOLOGY	0.314462	692,232	217,681	68
69 ELECTROCARDIOLOGY	0.412276	31,436	12,960	69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195			72
73 DRUGS CHARGED TO PATIENTS	0.141678	6,491,517	919,705	73
74 RENAL DIALYSIS	0.893872	15,413	13,777	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.554556			90
91 EMERGENCY	0.240153	242,277	58,184	91
91.01 OUTPATIENT CLINICS	0.838286	3,800	3,185	91.01
91.02 CARDIAC REHAB	0.842845			91.02
91.03 CENTRAL ADMISSION	2.010488			91.03
92 OBSERVATION BEDS	0.657953			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		17,121,888	3,829,682	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		17,121,888		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.282618		50
53 ANESTHESIOLOGY	0.040191		53
54 RADIOLOGY-DIAGNOSTIC	0.240455		54
54.01 ULTRASOUND	0.137108		54.01
55 RADIOLOGY-THERAPEUTIC	0.205690		55
55.01 CYBERKNIFE	0.378613		55.01
56 RADIOISOTOPE	0.299637		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413		58
59 CARDIAC CATHETERIZATION	0.123511		59
60 LABORATORY	0.188525		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.128694		65
65.01 SLEEP LAB	0.343999		65.01
66 PHYSICAL THERAPY	0.320246		66
67 OCCUPATIONAL THERAPY	0.286262		67
68 SPEECH PATHOLOGY	0.314462		68
69 ELECTROCARDIOLOGY	0.412276		69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195		72
73 DRUGS CHARGED TO PATIENTS	0.141678		73
74 RENAL DIALYSIS	0.893872		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.554556		90
91 EMERGENCY	0.240153		91
91.01 OUTPATIENT CLINICS	0.838286		91.01
91.02 CARDIAC REHAB	0.842845		91.02
91.03 CENTRAL ADMISSION	2.010488		91.03
92 OBSERVATION BEDS	0.657953		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		1,531,494		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.282618			50
53 ANESTHESIOLOGY	0.040191			53
54 RADIOLOGY-DIAGNOSTIC	0.240455	31,604	7,599	54
54.01 ULTRASOUND	0.137108			54.01
55 RADIOLOGY-THERAPEUTIC	0.205690			55
55.01 CYBERKNIFE	0.378613			55.01
56 RADIOISOTOPE	0.299637			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054629			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.057413			58
59 CARDIAC CATHETERIZATION	0.123511			59
60 LABORATORY	0.188525	142,593	26,882	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.128694	9,408	1,211	65
65.01 SLEEP LAB	0.343999			65.01
66 PHYSICAL THERAPY	0.320246	1,373	440	66
67 OCCUPATIONAL THERAPY	0.286262			67
68 SPEECH PATHOLOGY	0.314462	560	176	68
69 ELECTROCARDIOLOGY	0.412276	3,925	1,618	69
72 IMPL. DEV. CHARGED TO PATIENT	0.373195			72
73 DRUGS CHARGED TO PATIENTS	0.141678	183,644	26,018	73
74 RENAL DIALYSIS	0.893872			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.554556			90
91 EMERGENCY	0.240153	65,894	15,825	91
91.01 OUTPATIENT CLINICS	0.838286	144	121	91.01
91.02 CARDIAC REHAB	0.842845			91.02
91.03 CENTRAL ADMISSION	2.010488			91.03
92 OBSERVATION BEDS	0.657953			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		439,145	79,890	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		439,145		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0200)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	52,968,148	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,400,347	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	268.62	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	55,368,495	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)	55,368,495	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,521,755	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 (14-0200)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	59,890,250	59
60	PRIMARY PAYER PAYMENTS	27,721	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	59,862,529	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,981,444	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	164,699	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	561,640	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	393,148	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	482,627	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	55,109,534	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SEQUESTRATION PER PSR)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	55,109,534	71
72	INTERIM PAYMENTS	54,946,701	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	162,833	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S200) [] 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 (14-0200) [] 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		54,796,976		19,080,400	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 02/18/2011	149,725	02/18/2011	128,021	3.01	
	.02				3.02	
	PROGRAM .03				3.03	
	TO .04				3.04	
	PROVIDER .05				3.05	
	.06				3.06	
	.07				3.07	
	.08				3.08	
	.09				3.09	
	.50	NONE		NONE	3.50	
	.51				3.51	
	PROVIDER .52				3.52	
	TO .53				3.53	
	PROGRAM .54				3.54	
	.55				3.55	
	.56				3.56	
	.57				3.57	
	.58				3.58	
	.59				3.59	
	.99	149,725		128,021	3.99	
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		149,725		128,021		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		54,946,701		19,208,421	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	NONE		NONE	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	NONE		NONE	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			72,636	6.01	
	TO .02					
	PROVIDER .03					
	TO .04					
	PROGRAM .05					
	TO .06					
	PROVIDER .07					
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	PROGRAM .91					

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S200) [] 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		1,073,636		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .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 E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,073,636		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	NONE	NONE	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.)		1,073,636		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 [] IPF [XX] SNF (14-5826)
 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		5,726,921		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .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)		5,726,921		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	NONE		NONE 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.)		5,726,921		7

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

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
01/30/2012 15:22

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0200) 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	14,059	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	32,306	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,217	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	54,807	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,198,249,492	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	31,834,161	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S200)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,227,229	1
2	NET IPF PPS OUTLIER PAYMENT	9,882	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.060274	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)	1,237,111	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)	1,237,111	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,237,111	18
19	DEDUCTIBLES	122,824	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,114,287	20
21	COINSURANCE	40,651	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,073,636	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,073,636	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)	1,073,636	31
32	INTERIM PAYMENTS	1,073,636	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		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 VI

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

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	6,063,122	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	6,063,122	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	336,201	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	5,726,921	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (LOSS ON SALE OF ASSETS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	5,726,921	15
18	INTERIM PAYMENTS	5,726,921	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)		18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	5,408,091	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,408,091	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,408,091	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	7,992,251	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)	7,992,251	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)	7,992,251	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	2,584,160	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	5,408,091	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	5,408,091	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	5,408,091	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)	5,408,091	36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	5,408,091	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)	5,408,091	40
41	INTERIM PAYMENTS	3,522,142	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	1,885,949	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S200) [] 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	1,209,068	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,209,068	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,209,068	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	1,531,494	8
9	ANCILLARY SERVICE CHARGES	439,145	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)	1,970,639	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)	1,970,639	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	761,571	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	1,209,068	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	1,209,068	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	1,209,068	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)	1,209,068	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	1,209,068	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)	1,209,068	40
41	INTERIM PAYMENTS	403,514	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	805,554	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	2,155,635				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	52,539,400				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	7,430,914				7
8 PREPAID EXPENSES	7,029,907				8
9 OTHER CURRENT ASSETS	12,362,561				9
10 DUE FROM OTHER FUNDS	2,401,387				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	83,919,804				11
FIXED ASSETS					
12 LAND	4,451,314				12
13 LAND IMPROVEMENTS	30,112,362				13
14 ACCUMULATED DEPRECIATION	-5,294,145				14
15 BUILDINGS	482,976,009				15
16 ACCUMULATED DEPRECIATION	-84,067,836				16
17 LEASEHOLD IMPROVEMENTS					17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT	87,527,449				19
20 ACCUMULATED DEPRECIATION	-69,375,200				20
21 AUTOMOBILES AND TRUCKS					21
22 ACCUMULATED DEPRECIATION					22
23 MAJOR MOVABLE EQUIPMENT	219,775,222				23
24 ACCUMULATED DEPRECIATION	-132,631,536				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)	533,473,639				30
OTHER ASSETS					
31 INVESTMENTS	14,255,358				31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS	6,495,580				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	20,750,938				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	638,144,381				36
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	71,139,690				37
38 SALARIES, WAGES & FEES PAYABLE	15,730,733				38
39 PAYROLL TAXES PAYABLE					39
40 NOTES & LOANS PAYABLE (SHORT TERM)					40
41 DEFERRED INCOME					41
42 ACCELERATED PAYMENTS					42
43 DUE TO OTHER FUNDS					43
44 OTHER CURRENT LIABILITIES	28,435,908				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	115,306,331				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE					47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES	34,917,053				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	34,917,053				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	150,223,384				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	487,920,997				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)	487,920,997				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	638,144,381				60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		330,138,424							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-12,276,416							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		317,862,008							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 PENSION PLAN ADJUSTMENTS	26,851,456								6
7 FAS 136 EFFECT	12,806,332								7
8 NET TRANSFERS FROM PARENT	130,401,201								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		170,058,989							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		487,920,997							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)		487,920,997							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	152,821,626		152,821,626	2
3 SUBPROVIDER IPF	11,963,818		11,963,818	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY	15,945,885		15,945,885	8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	180,731,329		180,731,329	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	22,122,233		22,122,233	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	22,122,233		22,122,233	
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	202,853,562		202,853,562	17
18 ANCILLARY SERVICES	440,674,149	531,670,835	972,344,984	18
19 OUTPATIENT SERVICES		38,057,651	38,057,651	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		10,202,478	10,202,478	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)	643,527,711	579,930,964	1,223,458,675	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		341,134,312	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		341,134,312	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,223,458,675	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	907,461,233	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	315,997,442	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	341,134,312	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-25,136,870	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	2,280,015	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	34,764	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,197,546	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	7,000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	20,497	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	13,569	20
21	RENTAL OF VENDING MACHINES	6,039	21
22	RENTAL OF HOSPITAL SPACE	330,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION CLASSES)	33,418	24
24.01	OTHER (ANSWERING SERVICE)	383,335	24.01
24.02	OTHER (LINEN REVENUE)	493,190	24.02
24.03	OTHER (DIETARY PATIENT SERVICES REVENUE)	617,146	24.03
24.04	OTHER (POB RENTAL INCOME)	2,682,524	24.04
24.06	OTHER (OTHER MISCELLANEOUS REVENUE)	64,287	24.06
24.07	OTHER (CLINIC OTHER REVENUE)	2,191,787	24.07
24.08	OTHER (GAIN ON DISPOSAL OF ASSETS)	39,356	24.08
24.09	OTHER (SCHOOL NURSES)	484,301	24.09
24.10	OTHER (FOUNDATION MGMT REVENUE)	57,188	24.10
24.11	OTHER (FOUNDATION SALARY REIMBURSEMENT)	533,891	24.11
24.12	OTHER (BIRTHING CENTER OTHER REVENUE)	32,877	24.12
24.13	OTHER (EMERGENCY OTHER REVENUE)	235,170	24.13
24.14	OTHER (CYBERKNIFE OTHER REVENUE)	75,000	24.14
24.15	OTHER (NUCMED REVENUE)	22,200	24.15
24.16	OTHER (ADVANCED PRACTICE NURSE OTHER REVE)	87,333	24.16
24.17	OTHER (CODING REVENUE)	67,112	24.17
24.18	OTHER (MD BILLING)	243,637	24.18
24.19	OTHER (LEASED EMPLOYEE BENEFITS)	118,592	24.19
24.20	OTHER (ENVIRONMENTAL SERVICES)	46,729	24.20
24.21	OTHER (COMMUNICATIONS)	37,410	24.21
24.22	OTHER (UNREALIZED GAIN ON INVESTMENTS)	513,955	24.22
24.23	OTHER (GAIN ON INVESTMENT IN SUBSIDIARIES)	1,650,693	24.23
24.24	OTHER (HHA INCOME)	-1,740,107	24.24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	12,860,454	25
26	TOTAL (LINE 5 PLUS LINE 25)	-12,276,416	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)	-12,276,416	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	1,013,133				1,423,947	2,437,080
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,131,122			18,996		1,150,118
7 PHYSICAL THERAPY	517,274					517,274
8 OCCUPATIONAL THERAPY	30,180					30,180
9 SPEECH PATHOLOGY	7,865					7,865
10 MEDICAL SOCIAL SERVICES	61,657					61,657
11 HOME HEALTH AIDE	9,716					9,716
12 SUPPLIES (SEE INSTRUCTIONS)					79,316	79,316
13 DRUGS						
14 DME	406,549				809,635	1,216,184
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)	3,177,496			18,996	2,312,898	5,509,390

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	-1,352,711	1,084,369	-348,407	735,962	5
6		1,150,118		1,150,118	6
7		517,274		517,274	7
8		30,180		30,180	8
9		7,865		7,865	9
10		61,657		61,657	10
11		9,716		9,716	11
12		79,316		79,316	12
13					13
14		1,216,184		1,216,184	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-1,352,711	4,156,679	-348,407	3,808,272	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7408

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	735,962					735,962	735,962		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,150,118					1,150,118	275,507	1,425,625	6
7 PHYSICAL THERAPY	517,274					517,274	123,911	641,185	7
8 OCCUPATIONAL THERAPY	30,180					30,180	7,230	37,410	8
9 SPEECH PATHOLOGY	7,865					7,865	1,884	9,749	9
10 MEDICAL SOCIAL SERVICES	61,657					61,657	14,770	76,427	10
11 HOME HEALTH AIDE	9,716					9,716	2,327	12,043	11
12 SUPPLIES (SEE INSTRUCTIONS)	79,316					79,316	19,000	98,316	12
13 DRUGS									13
14 DME	1,216,184					1,216,184	291,333	1,507,517	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)	3,808,272					3,808,272		3,808,272	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

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					-735,962	3,072,310	5
6 SKILLED NURSING CARE						1,150,118	6
7 PHYSICAL THERAPY						517,274	7
8 OCCUPATIONAL THERAPY						30,180	8
9 SPEECH PATHOLOGY						7,865	9
10 MEDICAL SOCIAL SERVICES						61,657	10
11 HOME HEALTH AIDE						9,716	11
12 SUPPLIES (SEE INSTRUCTIONS)						79,316	12
13 DRUGS							13
14 DME						1,216,184	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)					-735,962	3,072,310	24
25 COST TO BE ALLOC (PER W/S H)						735,962	25
26 UNIT COST MULTIPLIER						0.239547	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

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	1,637,456		1,637,456			1
2 SKILLED NURSING CARE	2,194,733		2,194,733	644,377	2,839,110	2
3 PHYSICAL THERAPY	989,944		989,944	290,651	1,280,595	3
4 OCCUPATIONAL THERAPY	57,758		57,758	16,958	74,716	4
5 SPEECH PATHOLOGY	15,052		15,052	4,419	19,471	5
6 MEDICAL SOCIAL SERVICES	117,998		117,998	34,645	152,643	6
7 HOME HEALTH AIDE	18,593		18,593	5,459	24,052	7
8 SUPPLIES	125,360		125,360	36,806	162,166	8
9 DRUGS						9
10 DME	2,057,679		2,057,679	604,141	2,661,820	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)	7,214,573		7,214,573	1,637,456	7,214,573	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.				0.293603		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	7,509			533,660		341,493		7,509	1
2 SKILLED NURSING CARE				1,131,122		1,721,261			2
3 PHYSICAL THERAPY				517,274		776,383			3
4 OCCUPATIONAL THERAPY				30,180		45,298			4
5 SPEECH PATHOLOGY				7,865		11,805			5
6 MEDICAL SOCIAL SERVICES				61,657		92,542			6
7 HOME HEALTH AIDE				9,716		14,582			7
8 SUPPLIES						98,316			8
9 DRUGS									9
10 DME				406,549		1,613,775			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)	7,509			2,698,023		4,715,455		7,509	20
21 TOTAL COST TO BE ALLOCATED	202,012			705,171		1,297,090		428,856	21
22 UNIT COST MULTIPLIER	26.902650								22
22 UNIT COST MULTIPLIER				0.261366		0.275072		57.112265	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSNG HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15
1 ADMINISTRATIVE AND GENERAL		7,509		117,794		117,794		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		7,509		117,794		117,794		20
21 TOTAL COST TO BE ALLOCATED		114,656		142,533		515,983		21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		15.269144		1.210019		4.380384		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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	2,839,110		2,839,110	13,066	217.29	1
2	PHYSICAL THERAPY	3	1,280,595		1,280,595	10,461	122.42	2
3	OCCUPATIONAL THERAPY	4	74,716		74,716	603	123.91	3
4	SPEECH PATHOLOGY	5	19,471		19,471	132	147.51	4
5	MEDICAL SOCIAL SERVICES	6	152,643		152,643	532	286.92	5
6	HOME HEALTH AIDE	7	24,052		24,052	1,122	21.44	6
7	TOTAL (SUM OF LINES 1-6)		4,390,587		4,390,587	25,916		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	162,166		162,166	175,087	0.926202	15
16	COST OF DRUGS	9		2,231	2,231			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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 A		PART B		PART A		PART B		
PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
1 SKILLED NURSING CARE	6 7,339	7 3,084	9 1,594,691	10 670,122	12 2,264,813	1			
2 PHYSICAL THERAPY	6,278	2,425	768,553	296,869	1,065,422	2			
3 OCCUPATIONAL THERAPY	371	167	45,971	20,693	66,664	3			
4 SPEECH PATHOLOGY	62	20	9,146	2,950	12,096	4			
5 MEDICAL SOCIAL SERVICES	410	98	117,637	28,118	145,755	5			
6 HOME HEALTH AIDE	374	468	8,019	10,034	18,053	6			
7 TOTAL (SUM OF LINES 1-6)	14,834	6,262	2,544,017	1,028,786	3,572,803	7			

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1 16974	2 7,339	3 3,084	8
9 PHYSICAL THERAPY	16974	6,278	2,425	9
10 OCCUPATIONAL THERAPY	16974	371	167	10
11 SPEECH PATHOLOGY	16974	62	20	11
12 MEDICAL SOCIAL SERVICES	16974	410	98	12
13 HOME HEALTH AIDE	16974	374	468	13
14 TOTAL (SUM OF LINES 8-13)		14,834	6,262	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES			
	PART A		PART B		PART A		PART B	
OTHER PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
15 COST OF MEDICAL SUPPLIES	6 51,210	7 29,442	9 47,431	10 27,269	15			
16 COST OF DRUGS					16			

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED	TOTAL PROGRAM COST	
						1	2	3	4	8
1 PHYSICAL THERAPY	66	0.320246		COL 2, LINE 2	1	
2 OCCUPATIONAL THERAPY	67	0.286262		COL 2, LINE 3	2	
3 SPEECH PATHOLOGY	68	0.314462		COL 2, LINE 4	3	
4 MEDICAL SUPPLIES CHRGD TO PAT	71			COL 2, LINE 15	4	
5 DRUGS CHARGED TO PATIENTS	73	0.141678	15,750	2,231	COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7408

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	2,565,021			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)	2,565,021			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,565,021			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	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2,740,539	1,079,024	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		4,198	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	39,243	28,792	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	23,236	15,386	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			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)	2,803,018	1,127,400	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	2,803,018	1,127,400	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	2,803,018	1,127,400	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)	2,803,018	1,127,400	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	2,803,018	1,127,400	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,803,018	1,127,400	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.: 14-7408

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		2,803,018		1,127,400	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)		2,803,018		1,127,400	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	NONE		NONE	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.)		2,803,018		1,127,400	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		DATE: _____	

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	108,662				71,646	180,308	6
7 INPATIENT - GENERAL CARE					279,541	279,541	7
8 INPATIENT - RESPITE CARE VISITING SERVICES					90,657	90,657	8
9 PHYSICIAN SERVICES					6,000	6,000	9
10 NURSING CARE	293,644		13,205			306,849	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	73,257		3,463			76,720	15
16 SPIRITUAL COUNSELING	22,644		1,029			23,673	16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	77,910		3,540			81,450	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					128,889	128,889	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					8,383	8,383	26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					11,453	11,453	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							35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	576,117		21,237		596,569	1,193,923	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	421,410	601,718		601,718	6
7		279,541		279,541	7
8		90,657		90,657	8
9		6,000		6,000	9
10		306,849		306,849	10
11					11
12					12
13					13
14					14
15		76,720		76,720	15
16		23,673		23,673	16
17					17
18					18
19		81,450		81,450	19
20					20
21					21
22		128,889		128,889	22
23					23
24					24
25					25
26		8,383		8,383	26
27					27
28					28
29					29
30		11,453		11,453	30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	842,820	1,615,333		1,615,333	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

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								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								108,662
8	INPATIENT CARE SERVICE								108,662
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE								293,644
14	NURSING CARE-CONT.HOME CARE								293,644
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								73,257
20	DIETARY COUNSELING								22,644
21	COUNSELING - OTHER								22,644
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								77,910
24	OTHER								77,910
25	OTHER HOSPICE SERVICE COSTS								77,910
26	DRUGS, BIOL. & INFUS. THER.								77,910
27	ANALGESICS								95,901
28	SEDATIVES / HYPNOTICS								95,901
29	OTHER - SPECIFY								576,117
30	DURABLE MED. EQUIP./OXYGEN								576,117
31	PATIENT TRANSPORTATION								35
32	IMAGING SERVICES								36
33	LABS AND DIAGNOSTICS								37
34	MEDICAL SUPPLIES								37
35	OUTPAT.SERV.(INCL.E/R DEPT.)								38
36	RADIATION THERAPY								38
37	CHEMOTHERAPY								38
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								38
40	BEREAVEMENT PROGRAM COSTS								38
41	VOLUNTEER PROGRAM COSTS								38
42	FUNDRAISING								38
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								108,662
45									293,644
46									77,910
47									95,901
48									576,117
49									39

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1577

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								
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.: 14-1577

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDGCOSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	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	601,718						601,718	601,718	
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	279,541						279,541	165,946	445,487
10	INPATIENT - RESPITE CARE	90,657						90,657	53,817	144,474
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	6,000						6,000	3,562	9,562
13	NURSING CARE	306,849						306,849	182,156	489,005
14	NURSING CARE-CONTINUOUS HOME									
15	PHYSICAL THERAPY									
16	OCCUPATIONAL THERAPY									
17	SPEECH/LANGUAGE PATHOLOGY									
18	MEDICAL SOCIAL SERVICES	76,720						76,720	45,544	122,264
19	SPIRITUAL COUNSELING	23,673						23,673	14,053	37,726
20	DIETARY COUNSELING									
21	COUNSELING - OTHER									
22	HH AIDE AND HOMEMAKER	81,450						81,450	48,352	129,802
23	HH AIDE & HMKR-CONT. HOME CA									
24	OTHER									
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	128,889						128,889	76,513	205,402
27	ANALGESICS									
28	SEDATIVES / HYPNOTICS									
29	OTHER - SPECIFY									
30	DURABLE MED. EQUIP./OXYGEN	8,383						8,383	4,976	13,359
31	PATIENT TRANSPORTATION									
32	IMAGING SERVICES									
33	LABS AND DIAGNOSTICS									
34	MEDICAL SUPPLIES	11,453						11,453	6,799	18,252
35	OUTPAT.SERV.(INCL.E/R DEPT.)									
36	RADIATION THERAPY									
37	CHEMOTHERAPY									
38	OTHER									
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS									
41	VOLUNTEER PROGRAM COSTS									
42	FUNDRAISING									
43	OTHER PROGRAM COSTS									
44	TOTAL (SUM OF LINES 1-38)	1,615,333						1,615,333		1,615,333

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1577

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	516,817		516,817			1
2 INPATIENT - GENERAL CARE	568,028		568,028	132,509	700,537	2
3 INPATIENT - RESPITE CARE	184,215		184,215	42,973	227,188	3
4 PHYSICIAN SERVICES	12,192		12,192	2,844	15,036	4
5 NURSING CARE	721,377		721,377	168,282	889,659	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	180,309		180,309	42,062	222,371	10
11 SPIRITUAL COUNSELING	55,649		55,649	12,982	68,631	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOME MAKERS	191,471		191,471	44,666	236,137	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	261,902		261,902	61,096	322,998	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN	17,034		17,034	3,974	21,008	21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES	23,273		23,273	5,429	28,702	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	2,732,267		2,732,267		2,732,267	34
35 UNIT COST MULTIPLIER				0.233279		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
1 ADMINISTRATIVE AND GENERAL	2,500			392,203		169,765		2,500	1
2 INPATIENT - GENERAL CARE						445,487			2
3 INPATIENT - RESPITE CARE						144,474			3
4 PHYSICIAN SERVICES						9,562			4
5 NURSING CARE				293,644		565,754			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				73,257		141,411			10
11 SPIRITUAL COUNSELING				22,644		43,644			11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				77,910		150,165			14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO						205,402			17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN						13,359			21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES						18,252			25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	2,500			859,658		1,907,275		2,500	34
35 TOTAL COST TO BE ALLOCATED	67,257			224,685		524,638		142,781	35
36 UNIT COST MULTIPLIER	26.902800			0.261366		0.275072		57.112400	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15
1 ADMINISTRATIVE AND GENERAL		2,500		21,358		21,358		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		2,500		21,358		21,358		34
35 TOTAL COST TO BE ALLOCATED		38,173		25,844		93,556		35
36 UNIT COST MULTIPLIER		15.269200		1.210038		4.380373		36

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
 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
 01/30/2012 15:22

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

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	0.320246		1
2	OCCUPATIONAL THERAPY	67	0.286262		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.314462		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.141678		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.188525		6
7	MEDICAL SUPPLIES	71			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.205690		9
9.01	CYBERKNIFE	55.01	0.378613		9.01
10	OTHER ANCILLARY (SPECIFY)	76			10
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: 14-0200 ELMHURST MEMORIAL HOSPITAL
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				2,732,267	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				16,127	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				169.42	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	15,278				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,588,399				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)			849		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			143,838		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-020) [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	4,320,987	1
2	CAPITAL DRG OUTLIER PAYMENTS	88,422	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	150.16	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0352	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0916	8
9	SUM OF LINES 7 AND 8	0.1268	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0260	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	112,346	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,521,755	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
55.01 CYBERKNIFE					55.01
56 RADIOISOTOPE					56
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
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 OUTPATIENT CLINICS					91.01
91.02 CARDIAC REHAB					91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS					92
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
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 MEALS ON WHEELS					192.01
192.02 GUEST MEALS					192.02

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NONREIMBURSABLE						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	54.22		6.97				61.19 30
31 INTENSIVE CARE UNIT	53.26		8.68				61.94 31
43 NURSERY			25.00				25.00 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	24.10	10.24					34.34 50
53 ANESTHESIOLOGY	25.28	8.61					33.89 53
54 RADIOLOGY-DIAGNOSTIC	20.22	18.59					38.81 54
54.01 ULTRASOUND	10.87	16.96					27.83 54.01
55 RADIOLOGY-THERAPEUTIC	4.48	41.10					45.58 55
55.01 CYBERKNIFE	0.41	53.55					53.96 55.01
56 RADIOISOTOPE	18.92	25.10					44.02 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16.09	21.97					38.06 57
58 MAGNETIC RESONANCE IMAGING (MRI)	9.10	21.33					30.43 58
59 CARDIAC CATHETERIZATION	36.56	17.82					54.38 59
60 LABORATORY	22.76	3.47					26.23 60
65 RESPIRATORY THERAPY	57.78	2.46					60.24 65
65.01 SLEEP LAB		21.54					21.54 65.01
66 PHYSICAL THERAPY	14.25	1.58					15.83 66
67 OCCUPATIONAL THERAPY	15.88						15.88 67
68 SPEECH PATHOLOGY	42.44	0.11					42.55 68
69 ELECTROCARDIOLOGY	23.02	47.95					70.97 69
72 IMPL. DEV. CHARGED TO PATIENT	41.46	12.30					53.76 72
73 DRUGS CHARGED TO PATIENTS	33.63	12.37					46.00 73
74 RENAL DIALYSIS	70.83	2.15					72.98 74
90 CLINIC	0.09	12.59					12.68 90
91 EMERGENCY	18.57	10.98					29.55 91
91.01 OUTPATIENT CLINICS	1.83	2.86					4.69 91.01
91.02 CARDIAC REHAB	5.72	45.06					50.78 91.02
91.03 CENTRAL ADMISSION	27.31	12.92					40.23 91.03
92 OBSERVATION BEDS		20.71					20.71 92
200 TOTAL CHARGES	24.20	13.52					37.72 200

***** 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	32.87		24.48				57.35	40
UTILIZATION PERCENTAGES BASED ON CHARGES								
54 RADIOLOGY-DIAGNOSTIC	0.03		0.06				0.09	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.08						0.08	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.02						0.02	58
60 LABORATORY	0.22		0.11				0.33	60
65 RESPIRATORY THERAPY	0.02		0.03				0.05	65
66 PHYSICAL THERAPY	0.11		0.01				0.12	66
67 OCCUPATIONAL THERAPY	0.13						0.13	67
68 SPEECH PATHOLOGY	0.04		0.02				0.06	68
69 ELECTROCARDIOLOGY	0.26		0.08				0.34	69
73 DRUGS CHARGED TO PATIENTS	0.27		0.08				0.35	73
91 EMERGENCY	0.25		0.14				0.39	91
91.01 OUTPATIENT CLINICS	0.01						0.01	91.01
200 TOTAL CHARGES	0.12		0.04				0.16	200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	87.71						87.71 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.36						0.36 54
54.01 ULTRASOUND	0.10						0.10 54.01
56 RADIOISOTOPE	0.10						0.10 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.02						0.02 57
60 LABORATORY	1.39						1.39 60
65 RESPIRATORY THERAPY	2.50						2.50 65
66 PHYSICAL THERAPY	21.02						21.02 66
67 OCCUPATIONAL THERAPY	42.10						42.10 67
68 SPEECH PATHOLOGY	29.76						29.76 68
69 ELECTROCARDIOLOGY	0.64						0.64 69
73 DRUGS CHARGED TO PATIENTS	2.76						2.76 73
74 RENAL DIALYSIS	0.87						0.87 74
91 EMERGENCY	0.53						0.53 91
91.01 OUTPATIENT CLINICS	0.04						0.04 91.01
200 TOTAL CHARGES	1.73						1.73 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	18,206,766	6.06	-18,206,766	-12.24		1
2	CAP REL COSTS-MVBLE EQUIP	14,625,298	4.87	-14,625,298	-9.83		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	34,371,503	11.44	-34,371,503	-23.10		4
5	ADMINISTRATIVE & GENERAL	50,011,316	16.64	-50,011,316	-33.62		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	12,348,497	4.11	-12,348,497	-8.30		7
8	LAUNDRY & LINEN SERVICE	1,332,593	0.44	-1,332,593	-0.90		8
9	HOUSEKEEPING	3,306,164	1.10	-3,306,164	-2.22		9
10	DIETARY	1,445,093	0.48	-1,445,093	-0.97		10
11	CAFETERIA	1,271,466	0.42	-1,271,466	-0.85		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,908,465	1.30	-3,908,465	-2.63		13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	5,890,165	1.96	-5,890,165	-3.96		15
16	MEDICAL RECORDS & LIBRARY	2,054,712	0.68	-2,054,712	-1.38		16
17	SOCIAL SERVICE						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						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	23,861,556	7.94	33,173,311	22.30	57,034,867	18.98
31	INTENSIVE CARE UNIT	5,042,419	1.68	5,880,441	3.95	10,922,860	3.63
32	CORONARY CARE UNIT						32
40	SUBPROVIDER - IPF	1,938,957	0.65	2,673,568	1.80	4,612,525	1.53
43	NURSERY	762,380	0.25	1,177,052	0.79	1,939,432	0.65
44	SKILLED NURSING FACILITY	2,715,499	0.90	4,128,778	2.78	6,844,277	2.28
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,284,270	5.42	17,160,803	11.53	33,445,073	11.13
53	ANESTHESIOLOGY	521,559	0.17	840,346	0.56	1,361,905	0.45
54	RADIOLOGY-DIAGNOSTIC	4,643,269	1.54	8,009,474	5.38	12,652,743	4.21
54.01	ULTRASOUND	1,475,908	0.49	1,320,358	0.89	2,796,266	0.93
55	RADIOLOGY-THERAPEUTIC	2,349,563	0.78	2,254,538	1.52	4,604,101	1.53
55.01	CYBERKNIFE	4,829,639	1.61	1,807,934	1.22	6,637,573	2.21
56	RADIOISOTOPE	1,361,230	0.45	2,710,794	1.82	4,072,024	1.35
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,774,912	0.59	1,786,836	1.20	3,561,748	1.19
58	MAGNETIC RESONANCE IMAGING (MRI)	979,245	0.33	1,239,960	0.83	2,219,205	0.74
59	CARDIAC CATHETERIZATION	1,480,053	0.49	3,379,163	2.27	4,859,216	1.62
60	LABORATORY	14,445,070	4.81	10,214,925	6.87	24,659,995	8.21
62.30	BLOOD CLOTTING FACTORS ADMIN CO						62.30
65	RESPIRATORY THERAPY	2,048,673	0.68	1,737,176	1.17	3,785,849	1.26
65.01	SLEEP LAB	482,140	0.16	798,841	0.54	1,280,981	0.43
66	PHYSICAL THERAPY	3,849,299	1.28	2,969,541	2.00	6,818,840	2.27
67	OCCUPATIONAL THERAPY	881,613	0.29	729,587	0.49	1,611,200	0.54
68	SPEECH PATHOLOGY	382,209	0.13	349,205	0.23	731,414	0.24
69	ELECTROCARDIOLOGY	849,224	0.28	1,177,571	0.79	2,026,795	0.67
72	IMPL. DEV. CHARGED TO PATIENT	10,991,710	3.66	3,157,154	2.12	14,148,864	4.71
73	DRUGS CHARGED TO PATIENTS	18,477,407	6.15	14,821,268	9.96	33,298,675	11.08
74	RENAL DIALYSIS	513,932	0.17	1,066,274	0.72	1,580,206	0.53
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	11,021,170	3.67	5,987,143	4.02	17,008,313	5.66
91	EMERGENCY	5,340,164	1.78	5,692,895	3.83	11,033,059	3.67
91.01	OUTPATIENT CLINICS	3,259,794	1.08	4,692,883	3.15	7,952,677	2.65
91.02	CARDIAC REHAB	519,631	0.17	752,948	0.51	1,272,579	0.42
91.03	CENTRAL ADMISSION	523,795	0.17	307,216	0.21	831,011	0.28
92	OBSERVATION BEDS						92
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	3,808,272	1.27	3,406,301	2.29	7,214,573	2.40
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,615,333	0.54	1,116,934	0.75	2,732,267	0.91
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	203,572	0.07	374,457	0.25	578,029	0.19
192	PHYSICIANS' PRIVATE OFFICES	2,107,213	0.70	1,599,438	1.08	3,706,651	1.23
192.01	MEALS ON WHEELS	411,535	0.14	271,687	0.18	683,222	0.23
192.02	GUEST MEALS	11,654		5,238		16,892	0.01
194	OTHER NONREIMBURSABLE						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	300,535,907	100.00			300,535,907	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	5,363,067	118,340,411	0.045319	28,525,122	1,292,730	50
53 ANESTHESIOLOGY	326,277	33,886,150	0.009629	8,566,507	82,487	53
54 RADIOLOGY-DIAGNOSTIC	3,310,004	52,620,030	0.062904	10,639,878	669,291	54
54.01 ULTRASOUND	281,713	20,394,647	0.013813	2,217,189	30,626	54.01
55 RADIOLOGY-THERAPEUTIC	481,248	22,383,734	0.021500	1,002,780	21,560	55
55.01 CYBERKNIFE	259,149	17,531,299	0.014782	72,213	1,067	55.01
56 RADIOISOTOPE	823,565	13,589,851	0.060601	2,571,204	155,818	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	408,648	65,199,290	0.006268	10,489,477	65,748	57
58 MAGNETIC RESONANCE IMAGING (MRI)	392,603	38,653,163	0.010157	3,519,230	35,745	58
59 CARDIAC CATHETERIZATION	1,416,118	39,342,445	0.035995	14,382,933	517,714	59
60 LABORATORY	2,901,624	130,804,732	0.022183	29,771,597	660,423	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	359,661	29,417,497	0.012226	16,998,281	207,821	65
65.01 SLEEP LAB	228,784	3,723,791	0.061438			65.01
66 PHYSICAL THERAPY	432,788	21,292,499	0.020326	3,033,405	61,657	66
67 OCCUPATIONAL THERAPY	121,347	5,628,406	0.021560	893,726	19,269	67
68 SPEECH PATHOLOGY	62,661	2,325,922	0.026940	987,006	26,590	68
69 ELECTROCARDIOLOGY	403,354	4,916,109	0.082047	1,131,563	92,841	69
72 IMPL. DEV. CHARGED TO PATIENT	382,267	37,912,754	0.010083	15,719,975	158,505	72
73 DRUGS CHARGED TO PATIENTS	1,372,772	235,031,043	0.005841	79,040,679	461,677	73
74 RENAL DIALYSIS	362,061	1,767,821	0.204806	1,252,115	256,441	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	682,188	30,670,146	0.022243	28,703	638	90
91 EMERGENCY	1,143,392	45,941,765	0.024888	8,529,524	212,283	91
91.01 OUTPATIENT CLINICS	1,116,476	9,486,828	0.117687	173,823	20,457	91.01
91.02 CARDIAC REHAB	188,474	1,509,861	0.124829	86,376	10,782	91.02
91.03 CENTRAL ADMISSION	22,722	413,338	0.054972	112,862	6,204	91.03
92 OBSERVATION BEDS	654,866	7,853,459	0.083386			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	23,497,829	990,636,991		239,746,168	5,068,374	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	7
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	7,230,892		7,230,892	53,906	134.14	29,226	3,920,376	30
31 INTENSIVE CARE UNIT	1,244,284		1,244,284	5,783	215.16	3,080	662,693	31
32 CORONARY CARE UNIT								32
200 TOTAL	8,475,176		8,475,176	59,689		32,306	4,583,069	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4,583,069

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 5,068,374

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 9,651,443

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 6,415

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 32,306

PER DISCHARGE CAPITAL COSTS 1,504.51

PER DIEM CAPITAL COSTS 298.75

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)	72,622,166
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	327,375,259
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.222

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))	1,712,643
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	5,102,660
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.336

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)	9,651,443
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.029

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)	28,346,687
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)	133,558,029
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.212