

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY METHODIST MEDICAL CTR OF ILLINOIS (14-0209) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL					1
2	SUBPROVIDER - IPF	1,181,945	-45,747			2
3	SUBPROVIDER - IRF	14,739				3
4	SUBPROVIDER (OTHER)	72,495				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	1,269,179	-45,747			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: 221 N E GLEN OAK
 2 CITY: PEORIA

STATE: IL

P.O.BOX:
 ZIP CODE: 61636

COUNTY: PEORIA

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	METHODIST MEDICAL CTR OF ILLI	14-0209	37900	1	07/01/1966	N	P	N	3
4	SUBPROVIDER - IPF	METHODIST MED CTR - PSYCH	14-S209	37900	4	12/15/1983	N	P	P	4
5	SUBPROVIDER - IRF	METHODIST MED CTR - REHAB	14-T209	37900	5	12/15/1993	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	METHODIST HOME CARE	14-7259	37900		06/01/1992	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	METHODIST HOSPICE	14-1537	37900		01/01/1990				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011					20
21	TYPE OF CONTROL				2					21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
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.	11,404	4,117		7	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.	553	116			25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1	26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1	27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.					35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.					37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3		
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56	
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	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 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61	
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)						
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62	
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01	
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS						
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63	
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.						
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64	
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)						
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))		
1	2	3	4	5		
65	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65
65.01	FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010						
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FAMILY MEDICINE - GENERAL	1350	7.28	20.78	0.259444	67
67.01 FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.40	0.27	0.597015	67.01

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.	Y	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.	Y			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.	N			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
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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.	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)?	N		1	2	105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N				108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- SICAL	OCCUP- ATIONAL SPEECH RATORY	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		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.		3,000,000 10,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		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	H55770	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: IOWA HEALTH SYSTEM	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 05001	141
142	STREET: 1415 WOODLAND AVENUE	P.O. BOX:		142
143	CITY: DES MOINES	STATE: IA	ZIP CODE: 50309	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	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	05/10/2012	Y	05/10/2012 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.	Y		Y	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	138,086,205	397,643	138,483,848	4,465,853.00	31.01
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B		3,879,842		3,879,842	41,719.00	93.00
4	PHYSICIAN-PART A		412,394		412,394	3,204.00	128.71
4.01	PHYSICIANS-PART A - DIRECT TEACHING		832,210		832,210	11,516.00	72.27
5	PHYSICIAN-PART B		36,093,919		36,093,919	348,460.00	103.58
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	2,766,007		2,766,007	81,346.00	34.00
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,236,774	1,575,495	15,812,269	641,144.00	24.66
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		4,249,595		4,249,595	93,742.00	45.33
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		3,129,148		3,129,148	23,474.00	133.30
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		518,058		518,058	5,943.00	87.17
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		27,103,942		27,103,942		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		4,978,612		4,978,612		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B		539,483		539,483		
22	PHYSICIAN PART A		190,349		190,349		
23	PHYSICIAN PART B		4,506,054		4,506,054		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		801,786		801,786		
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		2,550,102	-561,670	1,988,432	46,595.00	42.67
27	ADMINISTRATIVE & GENERAL		16,164,812	112,987	16,277,799	559,306.00	29.10
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		3,071,776		3,071,776	11,646.00	263.76
29	MAINTENANCE & REPAIRS		1,580,407		1,580,407	64,341.00	24.56
30	OPERATION OF PLANT		918,564		918,564	50,326.00	18.25
31	LAUNDRY & LINEN SERVICE		78,840		78,840	5,595.00	14.09
32	HOUSEKEEPING		1,876,794		1,876,794	155,103.00	12.10
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		1,718,768	-406,283	1,312,485	83,829.00	15.66
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA		364,772	406,283	771,055	59,173.00	13.03
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,582,193		1,582,193	64,108.00	24.68
39	CENTRAL SERVICES AND SUPPLY		575,067		575,067	40,203.00	14.30
40	PHARMACY		2,974,008		2,974,008	83,983.00	35.41
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,165,735		1,165,735	64,874.00	17.97
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	97,586,003	397,643	97,983,646	3,994,458.0	24.53	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,236,774	1,575,495	15,812,269	641,144.00	24.66	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	83,349,229	-1,177,852	82,171,377	3,353,314.0	24.50	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	7,896,801		7,896,801	123,159.00	64.12	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	27,294,291		27,294,291		33.22%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	118,540,321	-1,177,852	117,362,469	3,476,473.0	33.76	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	34,621,838	-448,683	34,173,155	1,289,082.0	26.51	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,176,840	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	10,370,178	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	529,340	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	14,105,811	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	256,157	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	843,670	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	900,574	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	8,854,328	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	122,052	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	233,142	21
22 DAY CARE COSTS AND ALLOWANCES	130,436	22
23 TUITION REIMBURSEMENT	597,699	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	38,120,227	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
 PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	7,950,829	1
2	HOSPITAL	7,321,371	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)	629,458	5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		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.: 14-7259

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5,721		3,390	9,111	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		994.00		766.00	1,760.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	15.58			15.58	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL					5
6 DIRECT NURSING SERVICE	29.33			29.33	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE		6.12		6.12	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		1.97		1.97	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		0.51		0.51	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE	1.10			1.10	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE	4.38			4.38	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.				2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).				37900	20
20.01				99914	20.01

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	13,649	492	389	140	14,670	21
22 SKILLED NURSING VISIT CHARGES	2,148,615	77,648	61,110	22,050	2,309,423	22
23 PHYSICAL THERAPY VISITS	7,312	83	33	66	7,494	23
24 PHYSICAL THERAPY VISIT CHARGES	1,228,416	13,944	5,544	11,088	1,258,992	24
25 OCCUPATIONAL THERAPY VISITS	2,449	47	2	22	2,520	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	411,432	7,896	336	3,696	423,360	26
27 SPEECH PATHOLOGY VISITS	547	72			619	27
28 SPEECH PATHOLOGY VISIT CHARGES	91,896	12,096			103,992	28
29 MEDICAL SOCIAL SERVICE VISITS	347	5	6	5	363	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	72,870	1,050	1,260	1,050	76,230	30
31 HOME HEALTH AIDE VISITS	3,132	95	6	38	3,271	31
32 HOME HEALTH AIDE VISIT CHARGES	246,645	7,481	473	2,993	257,592	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	27,436	794	436	271	28,937	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	4,199,874	120,115	68,723	40,877	4,429,589	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,358		151	22	1,531	36
37 TOTAL NUMBER OF OUTLIER EPISODES		15			15	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	98,128	3,372	5,731	655	107,886	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1537

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

		----- UNDUPLICATED DAYS -----					
		TITLE XVIII	TITLE XIX	TITLE XVIII	TITLE XIX	ALL	TOTAL
		1	2	SKILLED	NURSING	OTHER	(SUM OF
				NURSING	FACILITY	5	COLS. 1,
				FACILITY	FACILITY		2 & 5)
				3	4		6
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	3,486					3,486 2
3	INPATIENT RESPITE CARE	10					10 3
4	GENERAL INPATIENT CARE	53					53 4
5	TOTAL HOSPICE DAYS	3,549					3,549 5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII	TITLE XIX	ALL	TOTAL
		1	2	SKILLED	NURSING	OTHER	(SUM OF
				NURSING	FACILITY	5	COLS. 1,
				FACILITY	FACILITY		2 & 5)
				3	4		6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	382					382 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	9.29					9.29 8
9	UNDUPLICATED CENSUS COUNT	382					382 9

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.237234	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				38,977,505	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				163,385,074	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				38,760,495	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					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)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	26,386,134	2,671,066	29,057,200		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,259,688	633,668	6,893,356		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE		193,283	193,283		22
23	COST OF CHARITY CARE	6,259,688	440,385	6,700,073		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)			21,485,236		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,074,311		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			20,410,925		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,842,165		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,542,238		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,542,238		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		7,505,104	7,505,104	211,375	1
2	00200		10,823,809	10,823,809	1,081,892	2
3	00300					3
4	00400	2,197,849	31,436,066	33,633,915	-787,785	4
4.01	00401					
		352,253	120,524	472,777	-413,728	4.01
5	00500	16,164,812	51,257,423	67,422,235	-310,597	5
6	00600	1,580,407	5,820,704	7,401,111	-1,620	6
7	00700	918,564	3,916,468	4,835,032		7
8	00800	78,840	1,010,363	1,089,203		8
9	00900	1,876,794	890,603	2,767,397		9
10	01000	1,718,768	1,729,939	3,448,707	-1,215,987	10
11	01100	364,772	81,730	446,502	1,215,930	11
12	01200					12
13	01300	1,582,193	213,039	1,795,232		13
14	01400	575,067	833,882	1,408,949	-781,661	14
15	01500	2,974,008	7,107,662	10,081,670	-6,727,447	15
16	01600	1,165,735	760,364	1,926,099		16
17	01700					17
19	01900					19
20	02000	3,897,515	1,922,787	5,820,302		20
21	02100	2,766,007	1,606,326	4,372,333		21
22	02200		352,154	352,154		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	14,278,401	2,810,744	17,089,145	5,308	30
31	03100	1,828,696	391,804	2,220,500		31
34	03400	1,655,439	331,601	1,987,040		34
40	04000	3,408,629	456,874	3,865,503		40
41	04100	1,823,049	1,233,510	3,056,559	-15,000	41
43	04300	854,819	360,802	1,215,621		43
ANCILLARY SERVICE COST CENTERS						
50	05000	12,982,449	28,421,358	41,403,807	-123,954	50
52	05200	1,806,700	2,175,430	3,982,130		52
53	05300	8,749,506	2,238,978	10,988,484		53
53.01	03950	931,904	436,129	1,368,033		53.01
54	05400	3,275,941	1,674,108	4,950,049		54
54.01	05401	89,291	7,512	96,803	147,568	54.01
54.02	05402	70,410	9,463	79,873	108,899	54.02
54.03	05403	97,896	9,598	107,494	100,219	54.03
54.04	05404	27,637	2,535	30,172	38,667	54.04
54.05	05405	248,202	852,633	1,100,835	-1,100,835	54.05
55	05500	715,909	1,072,904	1,788,813		55
56	05600	280,931	799,722	1,080,653		56
56.01	03951	112,910	485,304	598,214		56.01
57	05700	438,949	488,972	927,921		57
57.01	05701	87,861	292,199	380,060	128,628	57.01
58	05800	331,443	330,487	661,930	-169,000	58
58.01	05801	127,376	41,542	168,918	179,133	58.01
60	06000	4,086,461	8,917,002	13,003,463	-31,545	60
60.01	06001	123,140	23,819	146,959	397,721	60.01
62.30	06250					62.30
65	06500	1,074,664	416,009	1,490,673	-1,065	65
66	06600		2,855,763	2,855,763		66
70	07000	450,343	112,243	562,586	-1,621	70
71	07100				511,480	71
73	07300				6,727,447	73
74	07400	230,128	31,286	261,414		74
76	03550	485,274	29,484	514,758		76
76.01	03330	451,887	455,572	907,459		76.01
76.97	07697	213,860	81,994	295,854		76.97
76.98	07698				742,689	76.98
76.99	07699		115,055	115,055		76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,512,066	655,365	2,167,431		90
90.01	09001	851,714	1,291,511	2,143,225		90.01
90.03	09002	26,480,993	23,168,096	49,649,089	-1,304,668	90.03
90.06	09003	178,497	55,296	233,793		90.06
90.07	09004	891,441	1,006,564	1,898,005	-742,689	90.07
91	09100	3,510,224	3,527,762	7,037,986		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500		5,308	5,308	-5,308	95
101	10100	2,735,369	2,025,194	4,760,563	-132,426	101
SPECIAL PURPOSE COST CENTERS						
113	11300		3,377,569	3,377,569		113
116	11600	797,473	1,163,636	1,961,109	-236,043	116

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	136,511,466	221,627,684	358,139,150	-2,506,023	118
191	19100 RESEARCH	311,219	449,258	760,477		191
192	19200 PHYSICIANS' PRIVATE OFFICES		467	467		192
193	19300 NONPAID WORKERS	1,006,490	1,601,501	2,607,991		193
194	07950 HEARTLAND PHARMACY		860	860		194
194.01	07951 FOUNDATION		199	199		194.01
194.02	07952 WELLNESS CENTER	257,030	382,679	639,709		194.02
194.05	07953 OTHER NON-REIMBURSABLE				2,506,023	194.05
200	TOTAL (SUM OF LINES 118-199)	138,086,205	224,062,648	362,148,853		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	7,716,479		7,940,334	1
2	00200	11,905,701		11,905,701	2
3	00300				3
4	00400	32,846,130	-6,566,474	26,279,656	4
4.01	00401	59,049	-59,049		4.01
5	00500	67,111,638	-19,332,613	47,779,025	5
6	00600	7,399,491	-182,172	7,217,319	6
7	00700	4,835,032	-2,949	4,832,083	7
8	00800	1,089,203		1,089,203	8
9	00900	2,767,397		2,767,397	9
10	01000	2,232,720		2,232,720	10
11	01100	1,662,432	-984,382	678,050	11
12	01200				12
13	01300	1,795,232	-13,998	1,781,234	13
14	01400	627,288	-11	627,277	14
15	01500	3,354,223	-3,510	3,350,713	15
16	01600	1,926,099	-25,114	1,900,985	16
17	01700				17
19	01900				19
20	02000	5,820,302	-5,820,302		20
21	02100	4,372,333	-43,924	4,328,409	21
22	02200	352,154		352,154	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	17,094,453	-137,865	16,956,588	30
31	03100	2,220,500	-18,709	2,201,791	31
34	03400	1,987,040	-4,895	1,982,145	34
40	04000	3,865,503	-158,443	3,707,060	40
41	04100	3,041,559	-160,633	2,880,926	41
43	04300	1,215,621	-27,101	1,188,520	43
ANCILLARY SERVICE COST CENTERS					
50	05000	41,279,853	-4,327,644	36,952,209	50
52	05200	3,982,130	-1,732,601	2,249,529	52
53	05300	10,988,484	-9,807,253	1,181,231	53
53.01	03950	1,368,033	-693,962	674,071	53.01
54	05400	4,950,049	-281,090	4,668,959	54
54.01	05401	244,371	22,408	266,779	54.01
54.02	05402	188,772	16,537	205,309	54.02
54.03	05403	207,713	15,218	222,931	54.03
54.04	05404	68,839	5,872	74,711	54.04
54.05	05405				54.05
55	05500	1,788,813	-661,652	1,127,161	55
56	05600	1,080,653		1,080,653	56
56.01	03951	598,214		598,214	56.01
57	05700	927,921	-53,964	873,957	57
57.01	05701	508,688	19,532	528,220	57.01
58	05800	492,930		492,930	58
58.01	05801	348,051	27,202	375,253	58.01
60	06000	12,971,918	-577,827	12,394,091	60
60.01	06001	544,680	5,843	550,523	60.01
62.30	06250				62.30
65	06500	1,489,608	-170	1,489,438	65
66	06600	2,855,763	-124,749	2,731,014	66
70	07000	560,965	-23,107	537,858	70
71	07100	511,480		511,480	71
73	07300	6,727,447		6,727,447	73
74	07400	261,414		261,414	74
76	03550	514,758	-233,038	281,720	76
76.01	03330	907,459		907,459	76.01
76.97	07697	295,854	-26,225	269,629	76.97
76.98	07698	742,689		742,689	76.98
76.99	07699	115,055		115,055	76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	2,167,431	-916,525	1,250,906	90
90.01	09001	2,143,225	-827,230	1,315,995	90.01
90.03	09002	48,344,421	-31,211,382	17,133,039	90.03
90.06	09003	233,793	-53,725	180,068	90.06
90.07	09004	1,155,316	-826,673	328,643	90.07
91	09100	7,037,986	-2,042,479	4,995,507	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500				95
101	10100	4,628,137	-27,363	4,600,774	101
SPECIAL PURPOSE COST CENTERS					
113	11300	3,377,569	-3,377,569		113
116	11600	1,725,066	-12,661	1,712,405	116

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
118	SUBTOTALS (SUM OF LINES 1-117)	355,633,127	-91,044,566	264,588,561	118
	NONREIMBURSABLE COST CENTERS				
191	19100 RESEARCH	760,477	-4,933	755,544	191
192	19200 PHYSICIANS' PRIVATE OFFICES	467		467	192
193	19300 NONPAID WORKERS	2,607,991	-15,693	2,592,298	193
194	07950 HEARTLAND PHARMACY	860		860	194
194.01	07951 FOUNDATION	199		199	194.01
194.02	07952 WELLNESS CENTER	639,709	-64,397	575,312	194.02
194.05	07953 OTHER NON-REIMBURSABLE	2,506,023		2,506,023	194.05
200	TOTAL (SUM OF LINES 118-199)	362,148,853	-91,129,589	271,019,264	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 MEDICAL SUPPLIES RECLASS	A	MEDICAL SUPPLIES CHRGED TO PA	71		511,480	1
500 TOTAL RECLASSIFICATIONS					511,480	500
CODE LETTER - A						
1 DRUGS RECLASS	B	DRUGS CHARGED TO PATIENTS	73		6,727,447	1
500 TOTAL RECLASSIFICATIONS					6,727,447	500
CODE LETTER - B						
1 FOOD PREP RECLASS	C	CAFETERIA	11	406,283	809,647	1
500 TOTAL RECLASSIFICATIONS				406,283	809,647	500
CODE LETTER - C						
1 PARKING RECLASS	D	OTHER NON-REIMBURSABLE	194.05	308,257	105,471	1
500 TOTAL RECLASSIFICATIONS				308,257	105,471	500
CODE LETTER - D						
1 EQUIPMENT RENTAL	E	CAP REL COSTS-MVBLE EQUIP	2		926,828	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS					926,828	500
CODE LETTER - E						
1 CHILD CARE	F	OTHER NON-REIMBURSABLE	194.05	629,099	158,686	1
500 TOTAL RECLASSIFICATIONS				629,099	158,686	500
CODE LETTER - F						
1 CENTRAL BILLING	G	OTHER NON-REIMBURSABLE	194.05	729,169	575,341	1
500 TOTAL RECLASSIFICATIONS				729,169	575,341	500
CODE LETTER - G						
1 PT BILLING DIRECTOR	H	ADMINISTRATIVE & GENERAL	5	104,725	27,701	1
500 TOTAL RECLASSIFICATIONS				104,725	27,701	500
CODE LETTER - H						
1 IP AMBULANCE	I	ADULTS & PEDIATRICS	30		5,308	1
500 TOTAL RECLASSIFICATIONS					5,308	500
CODE LETTER - I						
1 RECRUITMENT & RETENTION BONUSES	J	EMPLOYEE BENEFITS	4	375,686		1
2		ADMINISTRATIVE & GENERAL	5	8,262		2
3		NURSING SCHOOL	20	13,695		3
500 TOTAL RECLASSIFICATIONS				397,643		500
CODE LETTER - J						
1 SEVERENCE	K	EMPLOYEE BENEFITS	4		656,759	1
500 TOTAL RECLASSIFICATIONS					656,759	500
CODE LETTER - K						
1 PROPERTY INSURANCE	L	CAP REL COSTS-BLDG & FIXT	1		211,375	1
2		CAP REL COSTS-MVBLE EQUIP	2		155,064	2
500 TOTAL RECLASSIFICATIONS					366,439	500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1	1	2	3	4	5	
1 NORTHSIDE ADMIN ALLOCATION	M	NORTHSIDE IMAGING	54.01	33,272	114,296	1
2		NORTHSIDE MRI	58.01	40,389	138,744	2
3		NORTHSIDE CT	57.01	29,001	99,627	3
4		NORTHSIDE MAMMOGRAPHY	54.02	24,553	84,346	4
5		NORTHSIDE ULTRASOUND	54.03	22,596	77,623	5
6		NORTHSIDE CARDIO	54.04	8,718	29,949	6
7		NORTHSIDE LAB	60.01	89,673	308,048	7
500 TOTAL RECLASSIFICATIONS				248,202	852,633	500
CODE LETTER - M						
1 HYPERBARIC OXYGEN	N	HYPERBARIC OXYGEN THERAPY	76.98	255,476	487,213	1
500 TOTAL RECLASSIFICATIONS				255,476	487,213	500
CODE LETTER - N						
GRAND TOTAL (INCREASES)				3,078,854	12,210,953	

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 MEDICAL SUPPLIES RECLASS	A	CENTRAL SERVICES & SUPPLY	14		511,480	1
500 TOTAL RECLASSIFICATIONS					511,480	500
CODE LETTER - A						
1 DRUGS RECLASS	B	PHARMACY	15		6,727,447	1
500 TOTAL RECLASSIFICATIONS					6,727,447	500
CODE LETTER - B						
1 FOOD PREP RECLASS	C	DIETARY	10	406,283	809,647	1
500 TOTAL RECLASSIFICATIONS				406,283	809,647	500
CODE LETTER - C						
1 PARKING RECLASS	D	PARKING	4.01	308,257	105,471	1
500 TOTAL RECLASSIFICATIONS				308,257	105,471	500
CODE LETTER - D						
1 EQUIPMENT RENTAL	E	ADMINISTRATIVE & GENERAL	5		76,584	9 1
2 MAINTENANCE & REPAIRS			6		1,620	2
3 DIETARY			10		57	3
4 CENTRAL SERVICES & SUPPLY			14		270,181	4
5 SUBPROVIDER - IRF			41		15,000	5
6 OPERATING ROOM			50		123,954	6
7 MAGNETIC RESONANCE IMAGING (M			58		169,000	7
8 LABORATORY			60		31,545	8
9 RESPIRATORY THERAPY			65		1,065	9
10 ELECTROENCEPHALOGRAPHY			70		1,621	10
11 PHYSICIAN OFFICES			90.03		158	11
12 HOSPICE			116		236,043	12
500 TOTAL RECLASSIFICATIONS					926,828	500
CODE LETTER - E						
1 CHILD CARE	F	EMPLOYEE BENEFITS	4	629,099	158,686	1
500 TOTAL RECLASSIFICATIONS				629,099	158,686	500
CODE LETTER - F						
1 CENTRAL BILLING	G	PHYSICIAN OFFICES	90.03	729,169	575,341	1
500 TOTAL RECLASSIFICATIONS				729,169	575,341	500
CODE LETTER - G						
1 PT BILLING DIRECTOR	H	HOME HEALTH AGENCY	101	104,725	27,701	1
500 TOTAL RECLASSIFICATIONS				104,725	27,701	500
CODE LETTER - H						
1 IP AMBULANCE	I	AMBULANCE SERVICES	95		5,308	1
500 TOTAL RECLASSIFICATIONS					5,308	500
CODE LETTER - I						
1 RECRUITMENT & RETENTION BONUSES	J	EMPLOYEE BENEFITS	4		375,686	1
2 ADMINISTRATIVE & GENERAL			5		8,262	2
3 NURSING SCHOOL			20		13,695	3
500 TOTAL RECLASSIFICATIONS					397,643	500
CODE LETTER - J						
1 SEVERENCE	K	EMPLOYEE BENEFITS	4		656,759	1
500 TOTAL RECLASSIFICATIONS					656,759	500
CODE LETTER - K						
1 PROPERTY INSURANCE	L	ADMINISTRATIVE & GENERAL	5		366,439	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS					366,439	500
CODE LETTER - L						

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 NORTHSIDE ADMIN ALLOCATION	M	NORTHSIDE ADMIN	54.05	248,202	852,633	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				248,202	852,633	500
CODE LETTER - M						
1 HYPERBARIC OXYGEN	N	WOUND CARE CENTER	90.07	255,476	487,213	1
500 TOTAL RECLASSIFICATIONS				255,476	487,213	500
CODE LETTER - N						
GRAND TOTAL (DECREASES)				2,681,211	12,608,596	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	1,374,352	84,000		84,000		1,458,352	1
2 LAND IMPROVEMENTS	8,499,472					8,499,472	2
3 BUILDINGS AND FIXTURES	238,475,822	12,440,080		12,440,080		250,915,902	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	176,635,100	7,581,358		7,581,358	145,176	184,071,282	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	424,984,746	20,105,438		20,105,438	145,176	444,945,008	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	424,984,746	20,105,438		20,105,438	145,176	444,945,008	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	7,505,104						7,505,104
2 CAP REL COSTS-MVBLE EQUIP	10,823,809						10,823,809
3 TOTAL (SUM OF LINES 1-2)	18,328,913						18,328,913

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	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	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	7,940,334						7,940,334
2 CAP REL COSTS-MVBLE EQUIP	11,905,701						11,905,701
3 TOTAL	19,846,035						19,846,035

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-58,998	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-2,949	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-59,049	PARKING	4.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-40,397,710			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	510,413			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-914,670	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-3,510	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-25,114	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-5,817,932	NURSING SCHOOL	20	19
20 VENDING MACHINES	B	-69,712	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 COLLECTION FEES	A	-128,420	PHYSICIAN OFFICES	90.03	33
33.01 COLLECTION FEES	A	-1,156,086	ADMINISTRATIVE & GENERAL	5	33.01
34 DONATIONS	A	-1,112,839	ADMINISTRATIVE & GENERAL	5	34
35 MALPRACTICE NET OF INCOME	A	-5,819,156	ADMINISTRATIVE & GENERAL	5	35
36 FEDERAL INCOME TAXES	A	-896,817	ADMINISTRATIVE & GENERAL	5	36
37 LEASED EMPLOYEES	B	-593,508	ADMINISTRATIVE & GENERAL	5	37
37.01 LEASED EMPLOYEES	B	-335,480	RADIOLOGY-THERAPEUTIC	55	37.01
37.02 LEASED EMPLOYEES	B	-407,342	PHYSICIAN OFFICES	90.03	37.02
38 A&G MISC INCOME	B	-276,733	ADMINISTRATIVE & GENERAL	5	38
38.01 MAINTENANCE MISC INCOME	B	-182,172	MAINTENANCE & REPAIRS	6	38.01
38.02 I&R MISC INCOME	B	-500	I&R SRVCS-SALARY & FRINGES APP	21	38.02
38.03 A&P MISC INCOME	B	-89,312	ADULTS & PEDIATRICS	30	38.03
38.04 SURGICAL ICU MISC INCOME	B	-4,895	SURGICAL INTENSIVE CARE UNIT	34	38.04
38.05 NURSERY MISC INCOME	B	-27,101	NURSERY	43	38.05
38.06 OR MISC INCOME	B	-20	OPERATING ROOM	50	38.06
38.07 LABOR & DELIVERY MISC INCOME	B	-11,600	DELIVERY ROOM & LABOR ROOM	52	38.07
38.08 RAD-DIAG MISC INCOME	B	-41,697	RADIOLOGY-DIAGNOSTIC	54	38.08
38.09 CT MISC INCOME	B	-90	COMPUTED TOMOGRAPHY (CT) SCAN	57	38.09
38.10 LAB MISC INCOME	B	-24,156	LABORATORY	60	38.10
38.11 PT MISC INCOME	B	-101,732	PHYSICAL THERAPY	66	38.11
38.12 CARDIAC MISC INCOME	B	-13,575	CARDIAC REHABILITATION	76.97	38.12
38.13 CLINIC MISC INCOME	B	-10,254	CLINIC	90	38.13
38.14 CHILLI MISC INCOME	B	-600	CHILLI FAMILY PHYSICIANS	90.01	38.14
38.15 PHYSICIAN OFFICE MISC INCOME	B	-1,006,317	PHYSICIAN OFFICES	90.03	38.15
38.16 DIABETIC MISC INCOME	B	-3,363	DIABETIC CARE CENTER	90.06	38.16
38.17 ER MISC INCOME	B	-16,750	EMERGENCY	91	38.17
38.18 RAD-THER MISC INCOME	B	-188,496	RADIOLOGY-THERAPEUTIC	55	38.18
39 PROMOTION EXPENSE	A	-15,135	ADMINISTRATIVE & GENERAL	5	39
39.01 PROMOTION EXPENSE	A	-13,998	NURSING ADMINISTRATION	13	39.01

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
39.02 PROMOTION EXPENSE	A	-185	I&R SRVCES-SALARY & FRINGES APP	21	39.02
39.03 PROMOTION EXPENSE	A	-889	ADULTS & PEDIATRICS	30	39.03
39.04 PROMOTION EXPENSE	A	-331	DELIVERY ROOM & LABOR ROOM	52	39.04
39.05 PROMOTION EXPENSE	A	-1,046	RADIOLOGY-DIAGNOSTIC	54	39.05
39.06 PROMOTION EXPENSE	A	-24	RADIOLOGY-THERAPEUTIC	55	39.06
39.07 PROMOTION EXPENSE	A	-3,908	LABORATORY	60	39.07
39.08 PROMOTION EXPENSE	A	-170	RESPIRATORY THERAPY	65	39.08
39.09 PROMOTION EXPENSE	A	-241	ELECTROENCEPHALOGRAPHY	70	39.09
39.10 PROMOTION EXPENSE	A	-838	CARDIAC REHABILITATION	76.97	39.10
39.11 PROMOTION EXPENSE	A	-305	CHILLI FAMILY PHYSICIANS	90.01	39.11
39.12 PROMOTION EXPENSE	A	-9,463	PHYSICIAN OFFICES	90.03	39.12
39.13 PROMOTION EXPENSE	A	-68	WOUND CARE CENTER	90.07	39.13
39.14 PROMOTION EXPENSE	A	-8,216	EMERGENCY	91	39.14
39.15 PROMOTION EXPENSE	A	-303	HOME HEALTH AGENCY	101	39.15
40 PHYSICIAN RECRUITMENT	A	-177,162	ADMINISTRATIVE & GENERAL	5	40
40.01 PHYSICIAN RECRUITMENT	A	-194	ADULTS & PEDIATRICS	30	40.01
40.02 PHYSICIAN RECRUITMENT	A	-2,723	OPERATING ROOM	50	40.02
40.03 PHYSICIAN RECRUITMENT	A	-13,439	ANESTHESIOLOGY	53	40.03
40.04 PHYSICIAN RECRUITMENT	A	-2,044	CHILLI FAMILY PHYSICIANS	90.01	40.04
40.05 PHYSICIAN RECRUITMENT	A	-24,951	PHYSICIAN OFFICES	90.03	40.05
41 SPONSORSHIP EXPENSES	A	-543,018	ADMINISTRATIVE & GENERAL	5	41
41.01 SPONSORSHIP EXPENSES	A	-2,370	NURSING SCHOOL	20	41.01
42 LOBBYING EXPENSE	A	-31,880	ADMINISTRATIVE & GENERAL	5	42
43 CRNA SALARIES	A	-3,878,834	ANESTHESIOLOGY	53	43
43.01 CRNA SALARIES	A	-1,008	PHYSICIAN OFFICES	90.03	43.01
43.02 CRNA BENEFITS	A	-888,966	EMPLOYEE BENEFITS	4	43.02
44 PHYSICIAN BENEFITS	A	-8,236	ADULTS & PEDIATRICS	30	44
44.01 PHYSICIAN BENEFITS	A	-13,977	SUBPROVIDER - IRF	41	44.01
44.02 PHYSICIAN BENEFITS	A	-690,219	OPERATING ROOM	50	44.02
44.03 PHYSICIAN BENEFITS	A	-1,102,627	ANESTHESIOLOGY	53	44.03
44.04 PHYSICIAN BENEFITS	A	-105,399	PAIN CLINIC	53.01	44.04
44.05 PHYSICIAN BENEFITS	A	-43,441	PSYCH - PARTIAL HOSPITALIZATION	76	44.05
44.06 PHYSICIAN BENEFITS	A	-152,530	CLINIC	90	44.06
44.07 PHYSICIAN BENEFITS	A	-195,631	CHILLI FAMILY PHYSICIANS	90.01	44.07
44.08 PHYSICIAN BENEFITS	A	-5,380,291	PHYSICIAN OFFICES	90.03	44.08
44.09 PHYSICIAN BENEFITS	A	-8,078	DIABETIC CARE CENTER	90.06	44.09
44.10 PHYSICIAN BENEFITS	A	-149,800	WOUND CARE CENTER	90.07	44.10
45 MEDICAID PROVIDER TAX	A	-9,314,563	ADMINISTRATIVE & GENERAL	5	45
46 REMOVE NON-ALLOWABLE INTEREST	A	-3,377,569	INTEREST EXPENSE	113	46
47 SELF INSURANCE ADJUSTMENT	A	-5,677,277	EMPLOYEE BENEFITS	4	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-91,129,589			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	IHS HOME OFFICE	715,505		715,505	1
2	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	31,405	38,388	-6,983	2
3	5	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	55,318	68,446	-13,128	3
4	5	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	98,165	119,991	-21,826	4
4.01	101	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	61,796	88,856	-27,060	4.01
4.02	5	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	20,432	24,975	-4,543	4.02
4.03	193	NONPAID WORKERS	GLEN OAK MEDICAL PLAZA	43,831	53,576	-9,745	4.03
4.04	5	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	54,667	66,510	-11,843	4.04
4.05	193	NONPAID WORKERS	GLEN OAK MEDICAL PLAZA	25,351	31,299	-5,948	4.05
4.06	194.02	WELLNESS CENTER	ATRIUM BUILDING	206,314	270,711	-64,397	4.06
4.07	76.97	CARDIAC REHABILITATION	ATRIUM BUILDING	36,860	45,927	-9,067	4.07
4.08	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	91,182	113,610	-22,428	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	179,920	224,175	-44,255	4.09
4.10	90.07	WOUND CARE CENTER	ATRIUM BUILDING	91,114	114,125	-23,011	4.10
4.11	90.06	DIABETIC CARE CENTER	ATRIUM BUILDING	31,012	38,042	-7,030	4.11
4.12	50	OPERATING ROOM	ATRIUM BUILDING	19,559	24,371	-4,812	4.12
4.13	191	RESEARCH	ATRIUM BUILDING	20,057	24,990	-4,933	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	34,079	62,601	-28,522	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	51,692	81,584	-29,892	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	86,699	108,024	-21,325	4.16
4.17	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	72,895	96,726	-23,831	4.17
4.18	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	34,770	510,380	-475,610	4.18
4.19	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	68,985	88,870	-19,885	4.19
4.20	66	PHYSICAL THERAPY	ATRIUM BUILDING	93,575	116,592	-23,017	4.20
4.21	21	I&R SRVCES-SALARY & FRINGES APP	FAMILY MEDICAL BUILDING	100,455	143,694	-43,239	4.21
4.22	90	CLINIC	FAMILY MEDICAL BUILDING	203,943	291,726	-87,783	4.22
4.23	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	120,048	82,026	38,022	4.23
4.24	90.01	CHILLI FAMILY PHYSICIANS	CHILLICOTHE OFFICE	99,483	93,587	5,896	4.24
4.25	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	101,857	100,000	1,857	4.25
4.26	90.03	PHYSICIAN OFFICES	CANTON BUILDING	175,912	141,622	34,290	4.26
4.27	90.03	PHYSICIAN OFFICES	PEKIN	161,371	230,388	-69,017	4.27
4.28	90.03	PHYSICIAN OFFICES	CENTRAL ILLINOIS INTERNAL	76,246	74,550	1,696	4.28
4.29	90.01	CHILLI FAMILY PHYSICIANS	LACON	61,599	61,200	399	4.29
4.30	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	42,921	42,000	921	4.30
4.31	90.03	PHYSICIAN OFFICES	EAST PEORIA	184,056	92,250	91,806	4.31
4.32	90.03	PHYSICIAN OFFICES	MMG AT STERLING	152,525	132,510	20,015	4.32
4.33	90.03	PHYSICIAN OFFICES	PEARTREE	158,392	123,326	35,066	4.33
4.34	90.03	PHYSICIAN OFFICES	MMG FAMILY MED/OB	35,637	30,828	4,809	4.34
4.35	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD	148,985	181,696	-32,711	4.35
4.36	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	97,091	69,879	27,212	4.36
4.37	90.01	CHILLI FAMILY PHYSICIANS	NORTHSIDE	813,728	595,768	217,960	4.37
4.38	90.03	PHYSICIAN OFFICES	NORTHSIDE	509,508	350,790	158,718	4.38
4.39	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	127,508	105,088	22,420	4.39
4.40	58.01	NORTHSIDE MRI	NORTHSIDE MRI	154,783	127,566	27,217	4.40
4.41	57.01	NORTHSIDE CT	NORTHSIDE CT	111,143	91,600	19,543	4.41
4.42	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPH	94,097	77,551	16,546	4.42
4.43	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	86,596	71,370	15,226	4.43
4.44	54.04	NORTHSIDE CARDIO	NORTHSIDE CARDIO	33,411	27,536	5,875	4.44
4.45	60.01	NORTHSIDE LAB	NORTHSIDE LAB	33,411	27,536	5,875	4.45
4.46	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	21,357		21,357	9 4.46
4.47	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	37,620		37,620	9 4.47
4.48	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	66,758		66,758	9 4.48
4.49	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	13,895		13,895	9 4.49
4.50	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	29,808		29,808	9 4.50
4.51	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	37,177		37,177	9 4.51
4.52	1	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	17,240		17,240	9 4.52
4.53	54	RADIOLOGY-DIAGNOSTIC	HHC	117	127	-10	4.53
4.54	54.01	NORTHSIDE IMAGING	HHC	152	164	-12	4.54
4.55	58.01	NORTHSIDE MRI	HHC	184	199	-15	4.55
4.56	57.01	NORTHSIDE CT	HHC	132	143	-11	4.56
4.57	54.02	NORTHSIDE MAMMOGRAPHY	HHC	112	121	-9	4.57
4.58	54.03	NORTHSIDE ULTRASOUND	HHC	103	111	-8	4.58
4.59	54.04	NORTHSIDE CARDIO	HHC	40	43	-3	4.59
4.60	60.01	NORTHSIDE LAB	HHC	409	441	-32	4.60
4.61	14	CENTRAL SERVICES & SUPPLY	HHC	147	158	-11	4.61
4.62	116	HOSPICE	HHC	158,261	170,922	-12,661	4.62
4.63	90	CLINIC	HHC	3,115	3,364	-249	4.63
4.64	90.03	PHYSICIAN OFFICES	HHC	70	75	-5	4.64
4.65	90.01	CHILLI FAMILY PHYSICIANS	HHC	67	72	-5	4.65
4.66	5	ADMINISTRATIVE & GENERAL	HHC	9,248	9,988	-740	4.66
4.67	5	ADMINISTRATIVE & GENERAL	HHC	1,793	1,936	-143	4.67
4.68	4	EMPLOYEE BENEFITS	HHC	2,888	3,119	-231	4.68
4.69	90.03	PHYSICIAN OFFICES	MMG ADMIN	11,752,983	11,783,313	-30,330	4.69
5		TOTALS (SUM OF LINES 1-4)		18,263,565	17,753,152	510,413	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME 2	PERCENT	NAME	PERCENT	TYPE OF	
		OF OWNERSHIP 3	4	OF OWNERSHIP 5	BUSINESS 6	
6	B IOWA HEALTH SYSTEM		IOWA HEALTH SYSTEM		HEALTH SYSTEM	6
7	B METHODIST SERVICES				NOT FOR PROFIT	7
8	B HEARTLAND HOME				NOT FOR PROFIT	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	AGGREGATE	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	30 ADULTS & PEDIATRICS	AGGREGATE	48,546	35,946	12,600	171,400	113	9,312	466	1
2	31 INTENSIVE CARE UNIT	AGGREGATE	28,350		28,350	171,400	117	9,641	482	2
3	40 SUBPROVIDER - IPF	AGGREGATE	170,775	132,000	38,775	142,500	180	12,332	617	3
4	41 SUBPROVIDER - IRF	AGGREGATE	196,098	136,098	60,000	171,400	600	49,442	2,472	4
5	50 OPERATING ROOM	AGGREGATE	3,676,577	3,614,069	62,508	204,100	476	46,707	2,335	5
6	52 DELIVERY ROOM & LABOR RO	AGGREGATE	1,792,609	1,713,984	78,625	171,400	873	71,939	3,597	6
7	53 ANESTHESIOLOGY	AGGREGATE	4,812,353	4,812,353		200,300				7
8	53.01 PAIN CLINIC	AGGREGATE	546,908	544,208	2,700	200,300	27	2,600	130	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE	238,337	238,337		231,100				9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE	137,652	137,652		231,110				10
11	57 COMPUTED TOMOGRAPHY (CT)	AGGREGATE	53,874	53,874		171,400				11
12	60 LABORATORY	AGGREGATE	556,763	549,763	7,000	219,500	70	7,387	369	12
13	70 ELECTROENCEPHALOGRAPHY	AGGREGATE	34,650		34,650	171,400	143	11,784	589	13
14	76 PSYCH - PARTIAL HOSPITAL	AGGREGATE	189,597	189,597		171,400				14
15	76.97 CARDIAC REHABILITATION	AGGREGATE	15,600		15,600	171,400	156	12,855	643	15
16	90 CLINIC	AGGREGATE	665,709	665,709		171,400				16
17	90.01 CHILLI FAMILY PHYSICIANS	AGGREGATE	853,821	853,821		171,400				17
18	90.03 PHYSICIAN OFFICES	AGGREGATE	24,781,012	23,481,975	1,299,037	171,400	10,612	874,470	43,724	18
19	90.06 DIABETIC CARE CENTER	AGGREGATE	35,254	35,254		171,400				19
20	90.07 WOUND CARE CENTER	AGGREGATE	665,857	653,794	12,063	171,400	243	20,024	1,001	20
21	91 EMERGENCY	AGGREGATE	2,151,337	1,909,837	241,500	171,400	1,624	133,824	6,691	21
200	TOTAL		41,651,679	39,758,271	1,893,408		15,234	1,262,317	63,116	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS	AGGREGATE				9,312	3,288	39,234	1
2	31	INTENSIVE CARE UNIT	AGGREGATE				9,641	18,709	18,709	2
3	40	SUBPROVIDER - IPF	AGGREGATE				12,332	26,443	158,443	3
4	41	SUBPROVIDER - IRF	AGGREGATE				49,442	10,558	146,656	4
5	50	OPERATING ROOM	AGGREGATE				46,707	15,801	3,629,870	5
6	52	DELIVERY ROOM & LABOR RO	AGGREGATE				71,939	6,686	1,720,670	6
7	53	ANESTHESIOLOGY	AGGREGATE						4,812,353	7
8	53.01	PAIN CLINIC	AGGREGATE				2,600	100	544,308	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						238,337	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE						137,652	10
11	57	COMPUTED TOMOGRAPHY (CT)	AGGREGATE						53,874	11
12	60	LABORATORY	AGGREGATE				7,387		549,763	12
13	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				11,784	22,866	22,866	13
14	76	PSYCH - PARTIAL HOSPITAL	AGGREGATE						189,597	14
15	76.97	CARDIAC REHABILITATION	AGGREGATE				12,855	2,745	2,745	15
16	90	CLINIC	AGGREGATE						665,709	16
17	90.01	CHILLI FAMILY PHYSICIANS	AGGREGATE						853,821	17
18	90.03	PHYSICIAN OFFICES	AGGREGATE				874,470	424,567	23,906,542	18
19	90.06	DIABETIC CARE CENTER	AGGREGATE						35,254	19
20	90.07	WOUND CARE CENTER	AGGREGATE				20,024		653,794	20
21	91	EMERGENCY	AGGREGATE				133,824	107,676	2,017,513	21
200		TOTAL					1,262,317	639,439	40,397,710	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	PARKING 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	7,940,334	7,940,334				1
2 CAP REL COSTS-MVBLE EQUIP	11,905,701		11,905,701			2
4 EMPLOYEE BENEFITS	26,279,656	167,365	65,904	26,512,925		4
4.01 PARKING			4,126	8,793	12,919	4.01
5 ADMINISTRATIVE & GENERAL	47,779,025	520,903	2,559,467	3,253,200	866	5
6 MAINTENANCE & REPAIRS	7,217,319	164,892	227,933	315,852	274	6
7 OPERATION OF PLANT	4,832,083	1,249,950	759,659	183,580	2,078	7
8 LAUNDRY & LINEN SERVICE	1,089,203	26,259	672	15,757	44	8
9 HOUSEKEEPING	2,767,397	94,046	10,355	375,087	156	9
10 DIETARY	2,232,720	152,362	41,180	262,307	253	10
11 CAFETERIA	678,050	99,177	1,811	154,099	165	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,781,234	22,863	9,612	316,209	38	13
14 CENTRAL SERVICES & SUPPLY	627,277	79,321	48,262	114,930	132	14
15 PHARMACY	3,350,713	51,318	27,188	594,370	85	15
16 MEDICAL RECORDS & LIBRARY	1,900,985	61,230	46,760	232,978	102	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		990,191	150,018	781,675	1,646	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,328,409		29,877	552,800		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	352,154	15,300			25	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,956,588	999,518	555,069	2,853,610	1,661	30
31 INTENSIVE CARE UNIT	2,201,791	78,387	106,940	365,474	130	31
34 SURGICAL INTENSIVE CARE UNIT	1,982,145	71,317	96,775	330,848	119	34
40 SUBPROVIDER - IPF	3,707,060	273,643	65,605	681,232	455	40
41 SUBPROVIDER - IRF	2,880,926	199,350	24,440	364,345	331	41
43 NURSERY	1,188,520	29,163	33,100	170,840	48	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,952,209	887,668	1,772,001	2,594,607	1,475	50
52 DELIVERY ROOM & LABOR ROOM	2,249,529	159,586	36,502	361,078	265	52
53 ANESTHESIOLOGY	1,181,231	8,496	118,273	973,428	14	53
53.01 PAIN CLINIC	674,071		117,782	186,246		53.01
54 RADIOLOGY-DIAGNOSTIC	4,668,959	393,907	1,418,343	654,713	655	54
54.01 NORTHSIDE IMAGING	266,779		104,230	24,495		54.01
54.02 NORTHSIDE MAMMOGRAPHY	205,309		76,918	18,979		54.02
54.03 NORTHSIDE ULTRASOUND	222,931		70,787	24,081		54.03
54.04 NORTHSIDE CARDIO	74,711		32,464	7,266		54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	1,127,161	107,509	471,003	143,078	179	55
56 RADIOISOTOPE	1,080,653	39,979	16,743	56,145	66	56
56.01 PET SCANNING	598,214	76,037	56,096	22,566	126	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	873,957		53,266	87,726		57
57.01 NORTHSIDE CT	528,220		90,854	23,355		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	492,930		402,967	66,241		58
58.01 NORTHSIDE MRI	375,253		557,065	33,529		58.01
60 LABORATORY	12,394,091	233,366	162,079	816,700	388	60
60.01 NORTHSIDE LAB	550,523		280,921	42,532		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,489,438	29,420	108,385	214,777	49	65
66 PHYSICAL THERAPY	2,731,014	78,213	24,341		130	66
70 ELECTROENCEPHALOGRAPHY	537,858		43,063	90,003		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	511,480					71
73 DRUGS CHARGED TO PATIENTS	6,727,447					73
74 RENAL DIALYSIS	261,414	14,848	13,068	45,992	25	74
76 PSYCH - PARTIAL HOSPITALIZATION	281,720	66,566	508	96,984	111	76
76.01 ENDOSCOPY	907,459	66,884	257,409	90,312	111	76.01
76.97 CARDIAC REHABILITATION	269,629		10,400	42,741		76.97
76.98 HYPERBARIC OXYGEN THERAPY	742,689			51,058		76.98
76.99 LITHOTRIPSY	115,055					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,250,906		39,277	302,194		90
90.01 CHILLI FAMILY PHYSICIANS	1,315,995		23,756	170,219		90.01
90.03 PHYSICIAN OFFICES	17,133,039	120,860	494,874	5,146,674	201	90.03
90.06 DIABETIC CARE CENTER	180,068			35,674		90.06
90.07 WOUND CARE CENTER	328,643		8,491	127,101		90.07
91 EMERGENCY	4,995,507	155,954	122,741	701,536	259	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY	4,600,774		15,551	525,747		101

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	PARKING 4.01	
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,712,405		235	159,379		116
118 SUBTOTALS (SUM OF LINES 1-117)	264,588,561	7,785,848	11,865,146	25,865,142	12,662	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	755,544			62,199		191
192 PHYSICIANS' PRIVATE OFFICES	467		21,304			192
193 NONPAID WORKERS	2,592,298		3,428	201,152		193
194 HEARTLAND PHARMACY	860	3,930			7	194
194.01 FOUNDATION	199		6,539			194.01
194.02 WELLNESS CENTER	575,312	53,052	8,788	51,369	88	194.02
194.05 OTHER NON-REIMBURSABLE	2,506,023	97,504	496	333,063	162	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	271,019,264	7,940,334	11,905,701	26,512,925	12,919	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
5 ADMINISTRATIVE & GENERAL	54,113,461	54,113,461				5
6 MAINTENANCE & REPAIRS	7,926,270	1,977,438	9,903,708			6
7 OPERATION OF PLANT	7,027,350	1,753,176	1,746,694	10,527,220		7
8 LAUNDRY & LINEN SERVICE	1,131,935	282,394	36,695	47,357	1,498,381	8
9 HOUSEKEEPING	3,247,041	810,069	131,422	169,609		9
10 DIETARY	2,688,822	670,805	212,913	274,780	1,625	10
11 CAFETERIA	933,302	232,839	138,591	178,862		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,129,956	531,379	31,948	41,232		13
14 CENTRAL SERVICES & SUPPLY	869,922	217,027	110,844	143,053	70,869	14
15 PHARMACY	4,023,674	1,003,822	71,712	92,549	6,119	15
16 MEDICAL RECORDS & LIBRARY	2,242,055	559,346	85,564	110,426		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	1,923,530	479,880	1,383,705	1,785,772	153	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,911,086	1,225,213				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	367,479	91,678	21,380	27,593		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,366,446	5,330,480	1,396,739	1,802,593	487,506	30
31 INTENSIVE CARE UNIT	2,752,722	686,746	109,539	141,369	37,621	31
34 SURGICAL INTENSIVE CARE UNIT	2,481,204	619,008	99,660	128,618	37,724	34
40 SUBPROVIDER - IPF	4,727,995	1,179,535	382,392	493,504	77,944	40
41 SUBPROVIDER - IRF	3,469,392	865,540	278,574	359,520	36,264	41
43 NURSERY	1,421,671	354,677	40,753	52,595	25,283	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,207,960	10,530,018	1,240,439	1,600,877	230,973	50
52 DELIVERY ROOM & LABOR ROOM	2,806,960	700,278	223,008	287,808	91,810	52
53 ANESTHESIOLOGY	2,281,442	569,172	11,873	15,323		53
53.01 PAIN CLINIC	978,099	244,015			1,031	53.01
54 RADIOLOGY-DIAGNOSTIC	7,136,577	1,780,426	550,451	710,397	100,053	54
54.01 NORTHSIDE IMAGING	395,504	98,670				54.01
54.02 NORTHSIDE MAMMOGRAPHY	301,206	75,145				54.02
54.03 NORTHSIDE ULTRASOUND	317,799	79,284				54.03
54.04 NORTHSIDE CARDIO	114,441	28,551				54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	1,848,930	461,269	150,235	193,889	23,136	55
56 RADIOISOTOPE	1,193,586	297,775	55,867	72,100	6,656	56
56.01 PET SCANNING	753,039	187,867	106,256	137,131	2,352	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,014,949	253,208				57
57.01 NORTHSIDE CT	642,429	160,273				57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	962,138	240,033				58
58.01 NORTHSIDE MRI	965,847	240,959				58.01
60 LABORATORY	13,606,624	3,394,567	326,109	420,867	1,829	60
60.01 NORTHSIDE LAB	873,976	218,039				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,842,069	459,558	41,111	53,057		65
66 PHYSICAL THERAPY	2,833,698	706,948	109,296	141,054	2,311	66
70 ELECTROENCEPHALOGRAPHY	670,924	167,381			7,340	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	511,480	127,604				71
73 DRUGS CHARGED TO PATIENTS	6,727,447	1,678,357				73
74 RENAL DIALYSIS	335,347	83,662	20,749	26,778	2,151	74
76 PSYCH - PARTIAL HOSPITALIZATION	445,889	111,240	93,020	120,050		76
76.01 ENDOSCOPY	1,322,175	329,855	93,465	120,623	10,469	76.01
76.97 CARDIAC REHABILITATION	322,770	80,524				76.97
76.98 HYPERBARIC OXYGEN THERAPY	793,747	198,023			2,440	76.98
76.99 LITHOTRIPSY	115,055	28,704				76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,592,377	397,265			1,796	90
90.01 CHILLI FAMILY PHYSICIANS	1,509,970	376,706				90.01
90.03 PHYSICIAN OFFICES	22,895,648	5,711,983	168,891	217,966	6,619	90.03
90.06 DIABETIC CARE CENTER	215,742	53,823				90.06
90.07 WOUND CARE CENTER	464,235	115,817			8,800	90.07
91 EMERGENCY	5,975,997	1,490,886	217,932	281,257	191,529	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY	5,142,072	1,282,839				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
116 HOSPICE	1,872,019	467,029				116
118 SUBTOTALS (SUM OF LINES 1-117)	263,745,480	52,298,805	9,687,827	10,248,609	1,472,403	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	817,743	204,010				191
192 PHYSICIANS' PRIVATE OFFICES	21,771	5,431				192
193 NONPAID WORKERS	2,796,878	697,762				193
194 HEARTLAND PHARMACY	4,797	1,197	5,492	7,088		194
194.01 FOUNDATION	6,738	1,681				194.01
194.02 WELLNESS CENTER	688,609	171,793	74,135	95,677		194.02
194.05 OTHER NON-REIMBURSABLE	2,937,248	732,782	136,254	175,846	25,978	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	271,019,264	54,113,461	9,903,708	10,527,220	1,498,381	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,358,141					9
10 DIETARY	68,789	3,917,734				10
11 CAFETERIA	98,916		1,582,510			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			32,081	2,766,596		13
14 CENTRAL SERVICES & SUPPLY	71,969		20,112		1,503,796	14
15 PHARMACY	22,428		42,075		3,408	15
16 MEDICAL RECORDS & LIBRARY			32,466	73,637		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			103,711		1,059	20
21 I&R SRVCES-SALARY & FRINGES APPRVD			40,681		1	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,653,278	2,493,419	295,262	669,687	61,797	30
31 INTENSIVE CARE UNIT	98,748	152,051	30,178	68,448	15,363	31
34 SURGICAL INTENSIVE CARE UNIT	178,918	149,909	29,263	66,372	13,286	34
40 SUBPROVIDER - IPF	159,169	716,442	77,713	176,262	1,619	40
41 SUBPROVIDER - IRF	150,633	405,913	41,846	94,912	8,272	41
43 NURSERY	62,931		15,640	35,474	6,957	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	934,258		202,565	459,440	1,040,104	50
52 DELIVERY ROOM & LABOR ROOM	196,659		34,255	77,694	28,397	52
53 ANESTHESIOLOGY			34,671	78,637	25,991	53
53.01 PAIN CLINIC			10,462	23,728	4,356	53.01
54 RADIOLOGY-DIAGNOSTIC	62,931		65,775	149,184	71,585	54
54.01 NORTHSIDE IMAGING					14	54.01
54.02 NORTHSIDE MAMMOGRAPHY					53	54.02
54.03 NORTHSIDE ULTRASOUND					46	54.03
54.04 NORTHSIDE CARDIO					18	54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	53,893		8,403	19,058	2,823	55
56 RADIOISOTOPE			4,929	11,180	310	56
56.01 PET SCANNING			2,361	5,354	314	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			9,026	20,473	13,188	57
57.01 NORTHSIDE CT					427	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			5,792	13,138	2,511	58
58.01 NORTHSIDE MRI					368	58.01
60 LABORATORY	89,878		101,475	230,157	28,988	60
60.01 NORTHSIDE LAB					706	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			22,514	51,065	8,599	65
66 PHYSICAL THERAPY					258	66
70 ELECTROENCEPHALOGRAPHY			9,786	22,195	2,326	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					29,595	71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	18,745		3,099	7,029	1,032	74
76 PSYCH - PARTIAL HOSPITALIZATION			6,520	14,789	21	76
76.01 ENDOSCOPY	53,893		8,278	18,775	30,199	76.01
76.97 CARDIAC REHABILITATION			4,284	9,718	121	76.97
76.98 HYPERBARIC OXYGEN THERAPY			1,362	3,090	4,464	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					5,101	90
90.01 CHILLI FAMILY PHYSICIANS					6,020	90.01
90.03 PHYSICIAN OFFICES			99,801		36,120	90.03
90.06 DIABETIC CARE CENTER			3,328	7,548	99	90.06
90.07 WOUND CARE CENTER			8,995	20,402	10,416	90.07
91 EMERGENCY	382,105		75,196	170,554	27,819	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY			50,113	113,663	6,434	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	13	14	
116	HOSPICE			15,620	35,427	1,860	116
118	SUBTOTALS (SUM OF LINES 1-117)	4,358,141	3,917,734	1,549,638	2,747,090	1,502,445	118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH			4,794			191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS			19,478			193
194	HEARTLAND PHARMACY						194
194.01	FOUNDATION						194.01
194.02	WELLNESS CENTER			8,600	19,506	1,351	194.02
194.05	OTHER NON-REIMBURSABLE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,358,141	3,917,734	1,582,510	2,766,596	1,503,796	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
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	5,265,787					15
16 MEDICAL RECORDS & LIBRARY		3,103,494				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	232		5,678,042			20
21 I&R SRVCES-SALARY & FRINGES APPRVD				6,176,981		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					508,130	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,719	788,802	4,183,040	1,232,230	101,366	30
31 INTENSIVE CARE UNIT	116	56,343	320,235	436,403	35,899	31
34 SURGICAL INTENSIVE CARE UNIT	87	55,554	214,636	8,371	689	34
40 SUBPROVIDER - IPF	1,104	400,924	109,181	215,654	17,740	40
41 SUBPROVIDER - IRF	87	150,458	194,433			41
43 NURSERY		83,962	24,931	12,557	1,033	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	89,538	900,962		186,536	15,345	50
52 DELIVERY ROOM & LABOR ROOM	133		223,233			52
53 ANESTHESIOLOGY	82,462					53
53.01 PAIN CLINIC	4,480			34,577	2,844	53.01
54 RADIOLOGY-DIAGNOSTIC	19,546	51,766	4,370	60,055	4,940	54
54.01 NORTHSIDE IMAGING						54.01
54.02 NORTHSIDE MAMMOGRAPHY						54.02
54.03 NORTHSIDE ULTRASOUND						54.03
54.04 NORTHSIDE CARDIO						54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	482					55
56 RADIOISOTOPE	266,012					56
56.01 PET SCANNING	58,637					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	71,050					57
57.01 NORTHSIDE CT	9,264					57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	45,841					58
58.01 NORTHSIDE MRI	10,698					58.01
60 LABORATORY	222					60
60.01 NORTHSIDE LAB						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	59,661		4,585			65
66 PHYSICAL THERAPY	8					66
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	3,258,838					73
74 RENAL DIALYSIS	14					74
76 PSYCH - PARTIAL HOSPITALIZATION						76
76.01 ENDOSCOPY	1,426		7,522	60,419	4,970	76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	20,236			1,586,921	130,543	90
90.01 CHILLI FAMILY PHYSICIANS	27,487					90.01
90.03 PHYSICIAN OFFICES	1,047,803			1,954,717	160,799	90.03
90.06 DIABETIC CARE CENTER	820					90.06
90.07 WOUND CARE CENTER	3,815					90.07
91 EMERGENCY	354	614,723	391,876	148,319	12,201	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY	1,622					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
116	HOSPICE	173,454					116
118	SUBTOTALS (SUM OF LINES 1-117)	5,257,248	3,103,494	5,678,042	5,936,759	488,369	118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH	258			240,222	19,761	191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS						193
194	HEARTLAND PHARMACY						194
194.01	FOUNDATION						194.01
194.02	WELLNESS CENTER	8,281					194.02
194.05	OTHER NON-REIMBURSABLE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	5,265,787	3,103,494	5,678,042	6,176,981	508,130	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	SUBTOTAL 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
4.01 PARKING				4.01
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	41,864,364	-1,333,596	40,530,768	30
31 INTENSIVE CARE UNIT	4,941,781	-472,302	4,469,479	31
34 SURGICAL INTENSIVE CARE UNIT	4,083,299	-9,060	4,074,239	34
40 SUBPROVIDER - IPF	8,737,178	-233,394	8,503,784	40
41 SUBPROVIDER - IRF	6,055,844		6,055,844	41
43 NURSERY	2,138,464	-13,590	2,124,874	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	59,639,015	-201,881	59,437,134	50
52 DELIVERY ROOM & LABOR ROOM	4,670,235		4,670,235	52
53 ANESTHESIOLOGY	3,099,571		3,099,571	53
53.01 PAIN CLINIC	1,303,592	-37,421	1,266,171	53.01
54 RADIOLOGY-DIAGNOSTIC	10,768,056	-64,995	10,703,061	54
54.01 NORTHSIDE IMAGING	494,188		494,188	54.01
54.02 NORTHSIDE MAMMOGRAPHY	376,404		376,404	54.02
54.03 NORTHSIDE ULTRASOUND	397,129		397,129	54.03
54.04 NORTHSIDE CARDIO	143,010		143,010	54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	2,762,118		2,762,118	55
56 RADIOISOTOPE	1,908,415		1,908,415	56
56.01 PET SCANNING	1,253,311		1,253,311	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,381,894		1,381,894	57
57.01 NORTHSIDE CT	812,393		812,393	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	1,269,453		1,269,453	58
58.01 NORTHSIDE MRI	1,217,872		1,217,872	58.01
60 LABORATORY	18,200,716		18,200,716	60
60.01 NORTHSIDE LAB	1,092,721		1,092,721	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	2,542,219		2,542,219	65
66 PHYSICAL THERAPY	3,793,573		3,793,573	66
70 ELECTROENCEPHALOGRAPHY	879,952		879,952	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	668,679		668,679	71
73 DRUGS CHARGED TO PATIENTS	11,664,642		11,664,642	73
74 RENAL DIALYSIS	498,606		498,606	74
76 PSYCH - PARTIAL HOSPITALIZATION	791,529		791,529	76
76.01 ENDOSCOPY	2,062,069	-65,389	1,996,680	76.01
76.97 CARDIAC REHABILITATION	417,417		417,417	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,003,126		1,003,126	76.98
76.99 LITHOTRIPSY	143,759		143,759	76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	3,734,239	-1,717,464	2,016,775	90
90.01 CHILLI FAMILY PHYSICIANS	1,920,183		1,920,183	90.01
90.03 PHYSICIAN OFFICES	32,300,347	-2,115,516	30,184,831	90.03
90.06 DIABETIC CARE CENTER	281,360		281,360	90.06
90.07 WOUND CARE CENTER	632,480		632,480	90.07
91 EMERGENCY	9,980,748	-160,520	9,820,228	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
101 HOME HEALTH AGENCY	6,596,743		6,596,743	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/24/2012 11:06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		24	25	26	
116	HOSPICE	2,565,409		2,565,409	116
118	SUBTOTALS (SUM OF LINES 1-117)	261,088,103	-6,425,128	254,662,975	118
NONREIMBURSABLE COST CENTERS					
191	RESEARCH	1,286,788	-259,983	1,026,805	191
192	PHYSICIANS' PRIVATE OFFICES	27,202		27,202	192
193	NONPAID WORKERS	3,514,118		3,514,118	193
194	HEARTLAND PHARMACY	18,574		18,574	194
194.01	FOUNDATION	8,419		8,419	194.01
194.02	WELLNESS CENTER	1,067,952		1,067,952	194.02
194.05	OTHER NON-REIMBURSABLE	4,008,108		4,008,108	194.05
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	271,019,264	-6,685,111	264,334,153	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		167,365	65,904	233,269	233,269	4	
4.01 PARKING			4,126	4,126	77	4.01	
5 ADMINISTRATIVE & GENERAL	577,933	520,903	2,559,467	3,658,303	28,616	5	
6 MAINTENANCE & REPAIRS		164,892	227,933	392,825	2,778	6	
7 OPERATION OF PLANT		1,249,950	759,659	2,009,609	1,615	7	
8 LAUNDRY & LINEN SERVICE		26,259	672	26,931	139	8	
9 HOUSEKEEPING		94,046	10,355	104,401	3,299	9	
10 DIETARY		152,362	41,180	193,542	2,307	10	
11 CAFETERIA		99,177	1,811	100,988	1,356	11	
12 MAINTENANCE OF PERSONNEL						12	
13 NURSING ADMINISTRATION			22,863	9,612	32,475	2,781	13
14 CENTRAL SERVICES & SUPPLY			79,321	48,262	127,583	1,011	14
15 PHARMACY	15,576	51,318	27,188	94,082	5,228	15	
16 MEDICAL RECORDS & LIBRARY		61,230	46,760	107,990	2,049	16	
17 SOCIAL SERVICE						17	
19 NONPHYSICIAN ANESTHETISTS						19	
20 NURSING SCHOOL	150,655	990,191	150,018	1,290,864	6,876	20	
21 I&R SRVCES-SALARY & FRINGES APPRVD	36,498		29,877	66,375	4,863	21	
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		15,300		15,300		22	
23 PARAMED ED PRGM-(SPECIFY)						23	
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS		999,518	555,069	1,554,587	25,101	30	
31 INTENSIVE CARE UNIT		78,387	106,940	185,327	3,215	31	
34 SURGICAL INTENSIVE CARE UNIT		71,317	96,775	168,092	2,910	34	
40 SUBPROVIDER - IPF		273,643	65,605	339,248	5,992	40	
41 SUBPROVIDER - IRF		199,350	24,440	223,790	3,205	41	
43 NURSERY		29,163	33,100	62,263	1,503	43	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	210,042	887,668	1,772,001	2,869,711	22,823	50	
52 DELIVERY ROOM & LABOR ROOM		159,586	36,502	196,088	3,176	52	
53 ANESTHESIOLOGY		8,496	118,273	126,769	8,563	53	
53.01 PAIN CLINIC	102,521		117,782	220,303	1,638	53.01	
54 RADIOLOGY-DIAGNOSTIC		393,907	1,418,343	1,812,250	5,759	54	
54.01 NORTHSIDE IMAGING	26,160		104,230	130,390	215	54.01	
54.02 NORTHSIDE MAMMOGRAPHY	19,306		76,918	96,224	167	54.02	
54.03 NORTHSIDE ULTRASOUND	17,767		70,787	88,554	212	54.03	
54.04 NORTHSIDE CARDIO	6,855		32,464	39,319	64	54.04	
54.05 NORTHSIDE ADMIN						54.05	
55 RADIOLOGY-THERAPEUTIC	135,716	107,509	471,003	714,228	1,259	55	
56 RADIOISOTOPE	208,646	39,979	16,743	265,368	494	56	
56.01 PET SCANNING	341,911	76,037	56,096	474,044	198	56.01	
57 COMPUTED TOMOGRAPHY (CT) SCAN	51,200		53,266	104,466	772	57	
57.01 NORTHSIDE CT	282,537		90,854	373,391	205	57.01	
58 MAGNETIC RESONANCE IMAGING (MRI)			402,967	402,967	583	58	
58.01 NORTHSIDE MRI	31,756		557,065	588,821	295	58.01	
60 LABORATORY	307,942	233,366	162,079	703,387	7,184	60	
60.01 NORTHSIDE LAB	70,507		280,921	351,428	374	60.01	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30	
65 RESPIRATORY THERAPY		29,420	108,385	137,805	1,889	65	
66 PHYSICAL THERAPY	53,321	78,213	24,341	155,875		66	
70 ELECTROENCEPHALOGRAPHY			43,063	43,063	792	70	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71	
73 DRUGS CHARGED TO PATIENTS						73	
74 RENAL DIALYSIS		14,848	13,068	27,916	405	74	
76 PSYCH - PARTIAL HOSPITALIZATION		66,566	508	67,074	853	76	
76.01 ENDOSCOPY		66,884	257,409	324,293	794	76.01	
76.97 CARDIAC REHABILITATION	21,004		10,400	31,404	376	76.97	
76.98 HYPERBARIC OXYGEN THERAPY					449	76.98	
76.99 LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	74,099		39,277	113,376	2,658	90	
90.01 CHILLI FAMILY PHYSICIANS	281,036		23,756	304,792	1,497	90.01	
90.03 PHYSICIAN OFFICES	1,363,121	120,860	494,874	1,978,855	45,326	90.03	
90.06 DIABETIC CARE CENTER	17,671			17,671	314	90.06	
90.07 WOUND CARE CENTER	51,918		8,491	60,409	1,118	90.07	
91 EMERGENCY		155,954	122,741	278,695	6,171	91	
92 OBSERVATION BEDS						92	
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES						95	
101 HOME HEALTH AGENCY			15,551	15,551	4,625	101	
SPECIAL PURPOSE COST CENTERS							
113 INTEREST EXPENSE						113	

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

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	
116	HOSPICE			235	235	1,402	116
118	SUBTOTALS (SUM OF LINES 1-117)	4,455,698	7,785,848	11,865,146	24,106,692	227,571	118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH	11,429			11,429	547	191
192	PHYSICIANS' PRIVATE OFFICES			21,304	21,304		192
193	NONPAID WORKERS			3,428	3,428	1,769	193
194	HEARTLAND PHARMACY		3,930		3,930		194
194.01	FOUNDATION			6,539	6,539		194.01
194.02	WELLNESS CENTER	117,561	53,052	8,788	179,401	452	194.02
194.05	OTHER NON-REIMBURSABLE		97,504	496	98,000	2,930	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,584,688	7,940,334	11,905,701	24,430,723	233,269	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARKING 4.01	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING	4,203					4.01
5 ADMINISTRATIVE & GENERAL	282	3,687,201				5
6 MAINTENANCE & REPAIRS	89	134,739	530,431			6
7 OPERATION OF PLANT	676	119,458	93,550	2,224,908		7
8 LAUNDRY & LINEN SERVICE	14	19,242	1,965	10,009	58,300	8
9 HOUSEKEEPING	51	55,196	7,039	35,847		9
10 DIETARY	82	45,707	11,403	58,074	63	10
11 CAFETERIA	54	15,865	7,423	37,802		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	12	36,207	1,711	8,714		13
14 CENTRAL SERVICES & SUPPLY	43	14,788	5,937	30,234	2,757	14
15 PHARMACY	28	68,398	3,841	19,560	238	15
16 MEDICAL RECORDS & LIBRARY	33	38,113	4,583	23,338		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	535	32,698	74,110	377,419	6	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		83,484				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8	6,247	1,145	5,832		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	541	363,208	74,808	380,974	18,967	30
31 INTENSIVE CARE UNIT	42	46,794	5,867	29,878	1,464	31
34 SURGICAL INTENSIVE CARE UNIT	39	42,178	5,338	27,183	1,468	34
40 SUBPROVIDER - IPF	148	80,371	20,480	104,301	3,033	40
41 SUBPROVIDER - IRF	108	58,976	14,920	75,984	1,411	41
43 NURSERY	16	24,167	2,183	11,116	984	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	480	717,510	66,436	338,342	8,987	50
52 DELIVERY ROOM & LABOR ROOM	86	47,716	11,944	60,828	3,572	52
53 ANESTHESIOLOGY	5	38,782	636	3,239		53
53.01 PAIN CLINIC		16,627			40	53.01
54 RADIOLOGY-DIAGNOSTIC	213	121,315	29,481	150,141	3,893	54
54.01 NORTHSIDE IMAGING		6,723				54.01
54.02 NORTHSIDE MAMMOGRAPHY		5,120				54.02
54.03 NORTHSIDE ULTRASOUND		5,402				54.03
54.04 NORTHSIDE CARDIO		1,945				54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	58	31,430	8,046	40,978	900	55
56 RADIOISOTOPE	22	20,290	2,992	15,238	259	56
56.01 PET SCANNING	41	12,801	5,691	28,982	92	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		17,253				57
57.01 NORTHSIDE CT		10,921				57.01
58 MAGNETIC RESONANCE IMAGING (MRI)		16,355				58
58.01 NORTHSIDE MRI		16,418				58.01
60 LABORATORY	126	231,299	17,466	88,950	71	60
60.01 NORTHSIDE LAB		14,857				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	16	31,313	2,202	11,214		65
66 PHYSICAL THERAPY	42	48,170	5,854	29,812	90	66
70 ELECTROENCEPHALOGRAPHY		11,405			286	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,695				71
73 DRUGS CHARGED TO PATIENTS		114,360				73
74 RENAL DIALYSIS	8	5,701	1,111	5,660	84	74
76 PSYCH - PARTIAL HOSPITALIZATION	36	7,580	4,982	25,372		76
76.01 ENDOSCOPY	36	22,476	5,006	25,493	407	76.01
76.97 CARDIAC REHABILITATION		5,487				76.97
76.98 HYPERBARIC OXYGEN THERAPY		13,493			95	76.98
76.99 LITHOTRIPSY		1,956				76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		27,069			70	90
90.01 CHILLI FAMILY PHYSICIANS		25,668				90.01
90.03 PHYSICIAN OFFICES	65	389,203	9,046	46,067	258	90.03
90.06 DIABETIC CARE CENTER		3,667				90.06
90.07 WOUND CARE CENTER		7,892			342	90.07
91 EMERGENCY	84	101,586	11,672	59,443	7,452	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY		87,410				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		PARKING 4.01	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
116	HOSPICE		31,822				116
118	SUBTOTALS (SUM OF LINES 1-117)	4,119	3,563,553	518,868	2,166,024	57,289	118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH		13,901				191
192	PHYSICIANS' PRIVATE OFFICES		370				192
193	NONPAID WORKERS		47,544				193
194	HEARTLAND PHARMACY	2	82	294	1,498		194
194.01	FOUNDATION		115				194.01
194.02	WELLNESS CENTER	29	11,706	3,971	20,221		194.02
194.05	OTHER NON-REIMBURSABLE	53	49,930	7,298	37,165	1,011	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,203	3,687,201	530,431	2,224,908	58,300	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	14
				13		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	205,833					9
10 DIETARY	3,249	314,427				10
11 CAFETERIA	4,672		168,160			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			3,409	85,309		13
14 CENTRAL SERVICES & SUPPLY	3,399		2,137		187,889	14
15 PHARMACY	1,059		4,471		426	15
16 MEDICAL RECORDS & LIBRARY			3,450	2,271		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			11,020		132	20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,323			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	78,085	200,116	31,373	20,648	7,721	30
31 INTENSIVE CARE UNIT	4,664	12,203	3,207	2,111	1,919	31
34 SURGICAL INTENSIVE CARE UNIT	8,450	12,031	3,110	2,047	1,660	34
40 SUBPROVIDER - IPF	7,517	57,500	8,258	5,435	202	40
41 SUBPROVIDER - IRF	7,114	32,577	4,447	2,927	1,033	41
43 NURSERY	2,972		1,662	1,094	869	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,125		21,525	14,167	129,956	50
52 DELIVERY ROOM & LABOR ROOM	9,288		3,640	2,396	3,548	52
53 ANESTHESIOLOGY			3,684	2,425	3,247	53
53.01 PAIN CLINIC			1,112	732	544	53.01
54 RADIOLOGY-DIAGNOSTIC	2,972		6,989	4,600	8,944	54
54.01 NORTHSIDE IMAGING					2	54.01
54.02 NORTHSIDE MAMMOGRAPHY					7	54.02
54.03 NORTHSIDE ULTRASOUND					6	54.03
54.04 NORTHSIDE CARDIO					2	54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	2,545		893	588	353	55
56 RADIOISOTOPE			524	345	39	56
56.01 PET SCANNING			251	165	39	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			959	631	1,648	57
57.01 NORTHSIDE CT					53	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			616	405	314	58
58.01 NORTHSIDE MRI					46	58.01
60 LABORATORY	4,245		10,783	7,097	3,622	60
60.01 NORTHSIDE LAB					88	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			2,392	1,575	1,074	65
66 PHYSICAL THERAPY					32	66
70 ELECTROENCEPHALOGRAPHY			1,040	684	291	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					3,698	71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	885		329	217	129	74
76 PSYCH - PARTIAL HOSPITALIZATION			693	456	3	76
76.01 ENDOSCOPY	2,545		880	579	3,773	76.01
76.97 CARDIAC REHABILITATION			455	300	15	76.97
76.98 HYPERBARIC OXYGEN THERAPY			145	95	558	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					637	90
90.01 CHILLI FAMILY PHYSICIANS					752	90.01
90.03 PHYSICIAN OFFICES			10,605		4,513	90.03
90.06 DIABETIC CARE CENTER			354	233	12	90.06
90.07 WOUND CARE CENTER			956	629	1,301	90.07
91 EMERGENCY	18,047		7,990	5,259	3,476	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY			5,325	3,505	804	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

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 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
 05/24/2012 11:06

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	13	14	
116	HOSPICE			1,660	1,092	232	116
118	SUBTOTALS (SUM OF LINES 1-117)	205,833	314,427	164,667	84,708	187,720	118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH			509			191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS			2,070			193
194	HEARTLAND PHARMACY						194
194.01	FOUNDATION						194.01
194.02	WELLNESS CENTER			914	601	169	194.02
194.05	OTHER NON-REIMBURSABLE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	205,833	314,427	168,160	85,309	187,889	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	15	16	20	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
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	197,331					15
16 MEDICAL RECORDS & LIBRARY		181,827				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	9		1,793,669			20
21 I&R SRVCES-SALARY & FRINGES APPRVD				159,045		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					28,532	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	64	46,214				30
31 INTENSIVE CARE UNIT	4	3,301				31
34 SURGICAL INTENSIVE CARE UNIT	3	3,255				34
40 SUBPROVIDER - IPF	41	23,489				40
41 SUBPROVIDER - IRF	3	8,815				41
43 NURSERY		4,919				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,355	52,786				50
52 DELIVERY ROOM & LABOR ROOM	5					52
53 ANESTHESIOLOGY	3,090					53
53.01 PAIN CLINIC	168					53.01
54 RADIOLOGY-DIAGNOSTIC	732	3,033				54
54.01 NORTHSIDE IMAGING						54.01
54.02 NORTHSIDE MAMMOGRAPHY						54.02
54.03 NORTHSIDE ULTRASOUND						54.03
54.04 NORTHSIDE CARDIO						54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	18					55
56 RADIOISOTOPE	9,968					56
56.01 PET SCANNING	2,197					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,662					57
57.01 NORTHSIDE CT	347					57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	1,718					58
58.01 NORTHSIDE MRI	401					58.01
60 LABORATORY	8					60
60.01 NORTHSIDE LAB						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,236					65
66 PHYSICAL THERAPY						66
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	122,127					73
74 RENAL DIALYSIS	1					74
76 PSYCH - PARTIAL HOSPITALIZATION						76
76.01 ENDOSCOPY	53					76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	758					90
90.01 CHILLI FAMILY PHYSICIANS	1,030					90.01
90.03 PHYSICIAN OFFICES	39,265					90.03
90.06 DIABETIC CARE CENTER	31					90.06
90.07 WOUND CARE CENTER	143					90.07
91 EMERGENCY	13	36,015				91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY	61					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 11:06

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		15	16	20	21	22	
116	HOSPICE	6,500					116
118	SUBTOTALS (SUM OF LINES 1-117)	197,011	181,827				118
NONREIMBURSABLE COST CENTERS							
191	RESEARCH	10					191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS						193
194	HEARTLAND PHARMACY						194
194.01	FOUNDATION						194.01
194.02	WELLNESS CENTER	310					194.02
194.05	OTHER NON-REIMBURSABLE						194.05
200	CROSS FOOT ADJUSTMENTS			1,793,669	159,045	28,532	200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	197,331	181,827	1,793,669	159,045	28,532	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	SUBTOTAL 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
4.01 PARKING				4.01
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	2,802,407		2,802,407	30
31 INTENSIVE CARE UNIT	299,996		299,996	31
34 SURGICAL INTENSIVE CARE UNIT	277,764		277,764	34
40 SUBPROVIDER - IPF	656,015		656,015	40
41 SUBPROVIDER - IRF	435,310		435,310	41
43 NURSERY	113,748		113,748	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	4,290,203		4,290,203	50
52 DELIVERY ROOM & LABOR ROOM	342,287		342,287	52
53 ANESTHESIOLOGY	190,440		190,440	53
53.01 PAIN CLINIC	241,164		241,164	53.01
54 RADIOLOGY-DIAGNOSTIC	2,150,322		2,150,322	54
54.01 NORTHSIDE IMAGING	137,330		137,330	54.01
54.02 NORTHSIDE MAMMOGRAPHY	101,518		101,518	54.02
54.03 NORTHSIDE ULTRASOUND	94,174		94,174	54.03
54.04 NORTHSIDE CARDIO	41,330		41,330	54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	801,296		801,296	55
56 RADIOISOTOPE	315,539		315,539	56
56.01 PET SCANNING	524,501		524,501	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	128,391		128,391	57
57.01 NORTHSIDE CT	384,917		384,917	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	422,958		422,958	58
58.01 NORTHSIDE MRI	605,981		605,981	58.01
60 LABORATORY	1,074,238		1,074,238	60
60.01 NORTHSIDE LAB	366,747		366,747	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	191,716		191,716	65
66 PHYSICAL THERAPY	239,875		239,875	66
70 ELECTROENCEPHALOGRAPHY	57,561		57,561	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,393		12,393	71
73 DRUGS CHARGED TO PATIENTS	236,487		236,487	73
74 RENAL DIALYSIS	42,446		42,446	74
76 PSYCH - PARTIAL HOSPITALIZATION	107,049		107,049	76
76.01 ENDOSCOPY	386,335		386,335	76.01
76.97 CARDIAC REHABILITATION	38,037		38,037	76.97
76.98 HYPERBARIC OXYGEN THERAPY	14,835		14,835	76.98
76.99 LITHOTRIPSY	1,956		1,956	76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	144,568		144,568	90
90.01 CHILLI FAMILY PHYSICIANS	333,739		333,739	90.01
90.03 PHYSICIAN OFFICES	2,523,203		2,523,203	90.03
90.06 DIABETIC CARE CENTER	22,282		22,282	90.06
90.07 WOUND CARE CENTER	72,790		72,790	90.07
91 EMERGENCY	535,903		535,903	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
101 HOME HEALTH AGENCY	117,281		117,281	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/24/2012 11:06

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		24	25	26	
116	HOSPICE	42,943		42,943	116
118	SUBTOTALS (SUM OF LINES 1-117)	21,919,975		21,919,975	118
NONREIMBURSABLE COST CENTERS					
191	RESEARCH	26,396		26,396	191
192	PHYSICIANS' PRIVATE OFFICES	21,674		21,674	192
193	NONPAID WORKERS	54,811		54,811	193
194	HEARTLAND PHARMACY	5,806		5,806	194
194.01	FOUNDATION	6,654		6,654	194.01
194.02	WELLNESS CENTER	217,774		217,774	194.02
194.05	OTHER NON-REIMBURSABLE	196,387		196,387	194.05
200	CROSS FOOT ADJUSTMENTS	1,981,246		1,981,246	200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	24,430,723		24,430,723	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	PARKING SQUARE FEET	RECON-CILIATION
	1	2	4	4.01	5A
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	773,801				1
2 CAP REL COSTS-MVBLE EQUIP		11,734,450			2
4 EMPLOYEE BENEFITS	16,310	64,956	132,660,578		4
4.01 PARKING		4,067	43,996	757,491	4.01
5 ADMINISTRATIVE & GENERAL	50,763	2,522,652	16,277,799	50,763	-54,113,461
6 MAINTENANCE & REPAIRS	16,069	224,654	1,580,407	16,069	6
7 OPERATION OF PLANT	121,810	748,732	918,564	121,810	7
8 LAUNDRY & LINEN SERVICE	2,559	662	78,840	2,559	8
9 HOUSEKEEPING	9,165	10,206	1,876,794	9,165	9
10 DIETARY	14,848	40,588	1,312,485	14,848	10
11 CAFETERIA	9,665	1,785	771,055	9,665	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	2,228	9,474	1,582,193	2,228	13
14 CENTRAL SERVICES & SUPPLY	7,730	47,568	575,067	7,730	14
15 PHARMACY	5,001	26,797	2,974,008	5,001	15
16 MEDICAL RECORDS & LIBRARY	5,967	46,087	1,165,735	5,967	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	96,496	147,860	3,911,210	96,496	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		29,447	2,766,007		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,491			1,491	22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	97,405	547,085	14,278,401	97,405	30
31 INTENSIVE CARE UNIT	7,639	105,402	1,828,696	7,639	31
34 SURGICAL INTENSIVE CARE UNIT	6,950	95,383	1,655,439	6,950	34
40 SUBPROVIDER - IPF	26,667	64,661	3,408,629	26,667	40
41 SUBPROVIDER - IRF	19,427	24,088	1,823,049	19,427	41
43 NURSERY	2,842	32,624	854,819	2,842	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	86,505	1,746,512	12,982,449	86,505	50
52 DELIVERY ROOM & LABOR ROOM	15,552	35,977	1,806,700	15,552	52
53 ANESTHESIOLOGY	828	116,572	4,870,672	828	53
53.01 PAIN CLINIC		116,088	931,904		53.01
54 RADIOLOGY-DIAGNOSTIC	38,387	1,397,941	3,275,941	38,387	54
54.01 NORTHSIDE IMAGING		102,731	122,563		54.01
54.02 NORTHSIDE MAMMOGRAPHY		75,812	94,963		54.02
54.03 NORTHSIDE ULTRASOUND		69,769	120,492		54.03
54.04 NORTHSIDE CARDIO		31,997	36,355		54.04
54.05 NORTHSIDE ADMIN					54.05
55 RADIOLOGY-THERAPEUTIC	10,477	464,228	715,909	10,477	55
56 RADIOISOTOPE	3,896	16,502	280,931	3,896	56
56.01 PET SCANNING	7,410	55,289	112,910	7,410	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		52,500	438,949		57
57.01 NORTHSIDE CT		89,547	116,862		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)		397,171	331,443		58
58.01 NORTHSIDE MRI		549,052	167,765		58.01
60 LABORATORY	22,742	159,748	4,086,461	22,742	60
60.01 NORTHSIDE LAB		276,880	212,813		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	2,867	106,826	1,074,664	2,867	65
66 PHYSICAL THERAPY	7,622	23,991		7,622	66
70 ELECTROENCEPHALOGRAPHY		42,444	450,343		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	1,447	12,880	230,128	1,447	74
76 PSYCH - PARTIAL HOSPITALIZATION	6,487	501	485,274	6,487	76
76.01 ENDOSCOPY	6,518	253,706	451,887	6,518	76.01
76.97 CARDIAC REHABILITATION		10,250	213,860		76.97
76.98 HYPERBARIC OXYGEN THERAPY			255,476		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		38,712	1,512,066		90
90.01 CHILLI FAMILY PHYSICIANS		23,414	851,714		90.01
90.03 PHYSICIAN OFFICES	11,778	487,756	25,751,824	11,778	90.03
90.06 DIABETIC CARE CENTER			178,497		90.06
90.07 WOUND CARE CENTER		8,369	635,965		90.07
91 EMERGENCY	15,198	120,975	3,510,224	15,198	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
101 HOME HEALTH AGENCY		15,327	2,630,644		101
SPECIAL PURPOSE COST CENTERS					

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	PARKING SQUARE FEET 4.01	RECON- CILIATION 5A	
116	HOSPICE		232	797,473			116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	758,746	11,694,477	129,419,314	742,436	-54,113,461	118
191	RESEARCH			311,219			191
192	PHYSICIANS' PRIVATE OFFICES		20,998				192
193	NONPAID WORKERS		3,379	1,006,490			193
194	HEARTLAND PHARMACY	383			383		194
194.01	FOUNDATION		6,445				194.01
194.02	WELLNESS CENTER	5,170	8,662	257,030	5,170		194.02
194.05	OTHER NON-REIMBURSABLE	9,502	489	1,666,525	9,502		194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	7,940,334	11,905,701	26,512,925	12,919		202
203	UNIT COST MULT-WS B PT I	10.261468	1.014594	0.199855	0.017055		203
204	COST TO BE ALLOC PER B PT II			233,269	4,203		204
205	UNIT COST MULT-WS B PT II			0.001758	0.005549		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-
	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE
	5	6	7	8	9
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 PARKING					4.01
5 ADMINISTRATIVE & GENERAL	216,905,803				5
6 MAINTENANCE & REPAIRS	7,926,270	690,659			6
7 OPERATION OF PLANT	7,027,350	121,810	568,849		7
8 LAUNDRY & LINEN SERVICE	1,131,935	2,559	2,559	1,427,105	8
9 HOUSEKEEPING	3,247,041	9,165	9,165		26,039
10 DIETARY	2,688,822	14,848	14,848	1,548	411
11 CAFETERIA	933,302	9,665	9,665		591
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	2,129,956	2,228	2,228		13
14 CENTRAL SERVICES & SUPPLY	869,922	7,730	7,730	67,498	430
15 PHARMACY	4,023,674	5,001	5,001	5,828	134
16 MEDICAL RECORDS & LIBRARY	2,242,055	5,967	5,967		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	1,923,530	96,496	96,496	146	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,911,086				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	367,479	1,491	1,491		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	21,366,446	97,405	97,405	464,316	9,878
31 INTENSIVE CARE UNIT	2,752,722	7,639	7,639	35,831	590
34 SURGICAL INTENSIVE CARE UNIT	2,481,204	6,950	6,950	35,930	1,069
40 SUBPROVIDER - IPF	4,727,995	26,667	26,667	74,236	951
41 SUBPROVIDER - IRF	3,469,392	19,427	19,427	34,539	900
43 NURSERY	1,421,671	2,842	2,842	24,080	376
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	42,207,960	86,505	86,505	219,986	5,582
52 DELIVERY ROOM & LABOR ROOM	2,806,960	15,552	15,552	87,443	1,175
53 ANESTHESIOLOGY	2,281,442	828	828		53
53.01 PAIN CLINIC	978,099			982	53.01
54 RADIOLOGY-DIAGNOSTIC	7,136,577	38,387	38,387	95,294	376
54.01 NORTHSIDE IMAGING	395,504				54.01
54.02 NORTHSIDE MAMMOGRAPHY	301,206				54.02
54.03 NORTHSIDE ULTRASOUND	317,799				54.03
54.04 NORTHSIDE CARDIO	114,441				54.04
54.05 NORTHSIDE ADMIN					54.05
55 RADIOLOGY-THERAPEUTIC	1,848,930	10,477	10,477	22,035	322
56 RADIOISOTOPE	1,193,586	3,896	3,896	6,339	56
56.01 PET SCANNING	753,039	7,410	7,410	2,240	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,014,949				57
57.01 NORTHSIDE CT	642,429				57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	962,138				58
58.01 NORTHSIDE MRI	965,847				58.01
60 LABORATORY	13,606,624	22,742	22,742	1,742	537
60.01 NORTHSIDE LAB	873,976				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,842,069	2,867	2,867		65
66 PHYSICAL THERAPY	2,833,698	7,622	7,622	2,201	66
70 ELECTROENCEPHALOGRAPHY	670,924			6,991	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	511,480				71
73 DRUGS CHARGED TO PATIENTS	6,727,447				73
74 RENAL DIALYSIS	335,347	1,447	1,447	2,049	112
76 PSYCH - PARTIAL HOSPITALIZATION	445,889	6,487	6,487		76
76.01 ENDOSCOPY	1,322,175	6,518	6,518	9,971	322
76.97 CARDIAC REHABILITATION	322,770				76.97
76.98 HYPERBARIC OXYGEN THERAPY	793,747			2,324	76.98
76.99 LITHOTRIPSY	115,055				76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,592,377			1,711	90
90.01 CHILLI FAMILY PHYSICIANS	1,509,970				90.01
90.03 PHYSICIAN OFFICES	22,895,648	11,778	11,778	6,304	90.03
90.06 DIABETIC CARE CENTER	215,742				90.06
90.07 WOUND CARE CENTER	464,235			8,381	90.07
91 EMERGENCY	5,975,997	15,198	15,198	182,418	2,283
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
101 HOME HEALTH AGENCY	5,142,072				101
SPECIAL PURPOSE COST CENTERS					

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL ACCUM COST 5	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
116	HOSPICE	1,872,019					116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	209,632,019	675,604	553,794	1,402,363	26,039	118
191	RESEARCH	817,743					191
192	PHYSICIANS' PRIVATE OFFICES	21,771					192
193	NONPAID WORKERS	2,796,878					193
194	HEARTLAND PHARMACY	4,797	383	383			194
194.01	FOUNDATION	6,738					194.01
194.02	WELLNESS CENTER	688,609	5,170	5,170			194.02
194.05	OTHER NON-REIMBURSABLE	2,937,248	9,502	9,502	24,742		194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	54,113,461	9,903,708	10,527,220	1,498,381	4,358,141	202
203	UNIT COST MULT-WS B PT I	0.249479	14.339505	18.506177	1.049944	167.369753	203
204	COST TO BE ALLOC PER B PT II	3,687,201	530,431	2,224,908	58,300	205,833	204
205	UNIT COST MULT-WS B PT II	0.016999	0.768007	3.911245	0.040852	7.904797	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
	MEALS SERVED 10	FTES 11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 PARKING						4.01
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	230,424					10
11 CAFETERIA		152,177				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,085	117,296			13
14 CENTRAL SERVICES & SUPPLY		1,934		19,431,839		14
15 PHARMACY		4,046		44,039	10,561,220	15
16 MEDICAL RECORDS & LIBRARY		3,122	3,122			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		9,973		13,683	465	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		3,912		8		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	146,652	28,393	28,393	798,533	3,448	30
31 INTENSIVE CARE UNIT	8,943	2,902	2,902	198,520	232	31
34 SURGICAL INTENSIVE CARE UNIT	8,817	2,814	2,814	171,679	174	34
40 SUBPROVIDER - IPF	42,138	7,473	7,473	20,925	2,214	40
41 SUBPROVIDER - IRF	23,874	4,024	4,024	106,885	174	41
43 NURSERY		1,504	1,504	89,892		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		19,479	19,479	13,440,018	179,581	50
52 DELIVERY ROOM & LABOR ROOM		3,294	3,294	366,947	266	52
53 ANESTHESIOLOGY		3,334	3,334	335,853	165,389	53
53.01 PAIN CLINIC		1,006	1,006	56,293	8,986	53.01
54 RADIOLOGY-DIAGNOSTIC		6,325	6,325	925,016	39,202	54
54.01 NORTHSIDE IMAGING				184		54.01
54.02 NORTHSIDE MAMMOGRAPHY				684		54.02
54.03 NORTHSIDE ULTRASOUND				593		54.03
54.04 NORTHSIDE CARDIO				233		54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC		808	808	36,481	967	55
56 RADIOISOTOPE		474	474	4,012	533,523	56
56.01 PET SCANNING		227	227	4,059	117,604	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		868	868	170,417	142,501	57
57.01 NORTHSIDE CT				5,521	18,580	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)		557	557	32,451	91,940	58
58.01 NORTHSIDE MRI				4,758	21,456	58.01
60 LABORATORY		9,758	9,758	374,586	445	60
60.01 NORTHSIDE LAB				9,119		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,165	2,165	111,121	119,657	65
66 PHYSICAL THERAPY				3,331	17	66
70 ELECTROENCEPHALOGRAPHY		941	941	30,056		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				382,421		71
73 DRUGS CHARGED TO PATIENTS					6,536,021	73
74 RENAL DIALYSIS		298	298	13,332	29	74
76 PSYCH - PARTIAL HOSPITALIZATION		627	627	277		76
76.01 ENDOSCOPY		796	796	390,226	2,860	76.01
76.97 CARDIAC REHABILITATION		412	412	1,565		76.97
76.98 HYPERBARIC OXYGEN THERAPY		131	131	57,685		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				65,918	40,586	90
90.01 CHILLI FAMILY PHYSICIANS				77,792	55,128	90.01
90.03 PHYSICIAN OFFICES		9,597		466,744	2,101,507	90.03
90.06 DIABETIC CARE CENTER		320	320	1,274	1,645	90.06
90.07 WOUND CARE CENTER		865	865	134,591	7,651	90.07
91 EMERGENCY		7,231	7,231	359,476	710	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY		4,819	4,819	83,144	3,253	101
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
		MEALS SERVED	FTEs				
		10	11	13	14	15	
116	HOSPICE		1,502	1,502	24,038	347,884	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	230,424	149,016	116,469	19,414,380	10,544,095	118
191	RESEARCH		461			517	191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS		1,873				193
194	HEARTLAND PHARMACY						194
194.01	FOUNDATION						194.01
194.02	WELLNESS CENTER		827	827	17,459	16,608	194.02
194.05	OTHER NON-REIMBURSABLE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,917,734	1,582,510	2,766,596	1,503,796	5,265,787	202
203	UNIT COST MULT-WS B PT I	17.002283	10.399140	23.586448	0.077388	0.498596	203
204	COST TO BE ALLOC PER B PT II	314,427	168,160	85,309	187,889	197,331	204
205	UNIT COST MULT-WS B PT II	1.364558	1.105029	0.727297	0.009669	0.018684	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 16	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 PARKING					4.01
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS					5
6 OPERATION OF PLANT					6
7 LAUNDRY & LINEN SERVICE					7
8 HOUSEKEEPING					8
9 DIETARY					9
10 CAFETERIA					10
11 MAINTENANCE OF PERSONNEL					11
12 NURSING ADMINISTRATION					12
13 CENTRAL SERVICES & SUPPLY					13
14 PHARMACY					14
15 MEDICAL RECORDS & LIBRARY	58,993				15
16 SOCIAL SERVICE					16
17 NONPHYSICIAN ANESTHETISTS					17
19 NURSING SCHOOL		79,257			19
20 I&R SRVCES-SALARY & FRINGES APPRVD			33,942		20
21 I&R SRVCES-OTHER PRGM COSTS APPRVD				33,942	21
22 PARAMED ED PRGM-(SPECIFY)					22
23 INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	14,994	58,389	6,771	6,771	30
31 INTENSIVE CARE UNIT	1,071	4,470	2,398	2,398	31
34 SURGICAL INTENSIVE CARE UNIT	1,056	2,996	46	46	34
40 SUBPROVIDER - IPF	7,621	1,524	1,185	1,185	40
41 SUBPROVIDER - IRF	2,860	2,714			41
43 NURSERY	1,596	348	69	69	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	17,126		1,025	1,025	50
52 DELIVERY ROOM & LABOR ROOM		3,116			52
53 ANESTHESIOLOGY					53
53.01 PAIN CLINIC			190	190	53.01
54 RADIOLOGY-DIAGNOSTIC	984	61	330	330	54
54.01 NORTHSIDE IMAGING					54.01
54.02 NORTHSIDE MAMMOGRAPHY					54.02
54.03 NORTHSIDE ULTRASOUND					54.03
54.04 NORTHSIDE CARDIO					54.04
54.05 NORTHSIDE ADMIN					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
56.01 PET SCANNING					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01 NORTHSIDE CT					57.01
58 MAGNETIC RESONANCE IMAGING (MRI)					58
58.01 NORTHSIDE MRI					58.01
60 LABORATORY					60
60.01 NORTHSIDE LAB					60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		64			65
66 PHYSICAL THERAPY					66
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 PSYCH - PARTIAL HOSPITALIZATION					76
76.01 ENDOSCOPY		105	332	332	76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			8,720	8,720	90
90.01 CHILLI FAMILY PHYSICIANS					90.01
90.03 PHYSICIAN OFFICES			10,741	10,741	90.03
90.06 DIABETIC CARE CENTER					90.06
90.07 WOUND CARE CENTER					90.07
91 EMERGENCY	11,685	5,470	815	815	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY TIME SPENT 16	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
116	HOSPICE					116
118	SUBTOTALS (SUM OF LINES 1-117)	58,993	79,257	32,622	32,622	118
	NONREIMBURSABLE COST CENTERS					
191	RESEARCH			1,320	1,320	191
192	PHYSICIANS' PRIVATE OFFICES					192
193	NONPAID WORKERS					193
194	HEARTLAND PHARMACY					194
194.01	FOUNDATION					194.01
194.02	WELLNESS CENTER					194.02
194.05	OTHER NON-REIMBURSABLE					194.05
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	3,103,494	5,678,042	6,176,981	508,130	202
203	UNIT COST MULT-WS B PT I	52.607835	71.640890	181.986359	14.970538	203
204	COST TO BE ALLOC PER B PT II	181,827	1,793,669	159,045	28,532	204
205	UNIT COST MULT-WS B PT II	3.082179	22.631048	4.685788	0.840610	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	40,530,768		40,530,768	3,288	40,534,056	30
31 INTENSIVE CARE UNIT	4,469,479		4,469,479	18,709	4,488,188	31
34 SURGICAL INTENSIVE CARE UNI	4,074,239		4,074,239		4,074,239	34
40 SUBPROVIDER - IPF	8,503,784		8,503,784	26,443	8,530,227	40
41 SUBPROVIDER - IRF	6,055,844		6,055,844	10,558	6,066,402	41
43 NURSERY	2,124,874		2,124,874		2,124,874	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,437,134		59,437,134	15,801	59,452,935	50
52 DELIVERY ROOM & LABOR ROOM	4,670,235		4,670,235	6,686	4,676,921	52
53 ANESTHESIOLOGY	3,099,571		3,099,571		3,099,571	53
53.01 PAIN CLINIC	1,266,171		1,266,171	100	1,266,271	53.01
54 RADIOLOGY-DIAGNOSTIC	10,703,061		10,703,061		10,703,061	54
54.01 NORTHSIDE IMAGING	494,188		494,188		494,188	54.01
54.02 NORTHSIDE MAMMOGRAPHY	376,404		376,404		376,404	54.02
54.03 NORTHSIDE ULTRASOUND	397,129		397,129		397,129	54.03
54.04 NORTHSIDE CARDIO	143,010		143,010		143,010	54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	2,762,118		2,762,118		2,762,118	55
56 RADIOISOTOPE	1,908,415		1,908,415		1,908,415	56
56.01 PET SCANNING	1,253,311		1,253,311		1,253,311	56.01
57 COMPUTED TOMOGRAPHY (CT) SC	1,381,894		1,381,894		1,381,894	57
57.01 NORTHSIDE CT	812,393		812,393		812,393	57.01
58 MAGNETIC RESONANCE IMAGING	1,269,453		1,269,453		1,269,453	58
58.01 NORTHSIDE MRI	1,217,872		1,217,872		1,217,872	58.01
60 LABORATORY	18,200,716		18,200,716		18,200,716	60
60.01 NORTHSIDE LAB	1,092,721		1,092,721		1,092,721	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,542,219		2,542,219		2,542,219	65
66 PHYSICAL THERAPY	3,793,573		3,793,573		3,793,573	66
70 ELECTROENCEPHALOGRAPHY	879,952		879,952	22,866	902,818	70
71 MEDICAL SUPPLIES CHRGED TO	668,679		668,679		668,679	71
73 DRUGS CHARGED TO PATIENTS	11,664,642		11,664,642		11,664,642	73
74 RENAL DIALYSIS	498,606		498,606		498,606	74
76 PSYCH - PARTIAL HOSPITALIZA	791,529		791,529		791,529	76
76.01 ENDOSCOPY	1,996,680		1,996,680		1,996,680	76.01
76.97 CARDIAC REHABILITATION	417,417		417,417	2,745	420,162	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,003,126		1,003,126		1,003,126	76.98
76.99 LITHOTRIPSY	143,759		143,759		143,759	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,016,775		2,016,775		2,016,775	90
90.01 CHILLI FAMILY PHYSICIANS	1,920,183		1,920,183		1,920,183	90.01
90.03 PHYSICIAN OFFICES	30,184,831		30,184,831	424,567	30,609,398	90.03
90.06 DIABETIC CARE CENTER	281,360		281,360		281,360	90.06
90.07 WOUND CARE CENTER	632,480		632,480		632,480	90.07
91 EMERGENCY	9,820,228		9,820,228	107,676	9,927,904	91
92 OBSERVATION BEDS	2,513,703		2,513,703		2,513,703	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY	6,596,743		6,596,743		6,596,743	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,565,409		2,565,409		2,565,409	116
200 SUBTOTAL (SEE INSTRUCTIONS)	257,176,678		257,176,678	639,439	257,816,117	200
201 LESS OBSERVATION BEDS	2,513,703		2,513,703		2,513,703	201
202 TOTAL (SEE INSTRUCTIONS)	254,662,975		254,662,975		255,302,414	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	78,205,296		78,205,296			30
31 INTENSIVE CARE UNIT	11,848,601		11,848,601			31
34 SURGICAL INTENSIVE CARE UNI	12,567,724		12,567,724			34
40 SUBPROVIDER - IPF	20,979,979		20,979,979			40
41 SUBPROVIDER - IRF	5,804,972		5,804,972			41
43 NURSERY	5,012,067		5,012,067			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	157,319,345	130,360,287	287,679,632	0.206609	0.206609	0.206664 50
52 DELIVERY ROOM & LABOR ROOM	9,579,274	1,414,085	10,993,359	0.424823	0.424823	0.425431 52
53 ANESTHESIOLOGY	18,769,655	22,653,798	41,423,453	0.074826	0.074826	0.074826 53
53.01 PAIN CLINIC	36,309	4,472,424	4,508,733	0.280826	0.280826	0.280849 53.01
54 RADIOLOGY-DIAGNOSTIC	16,972,122	27,777,431	44,749,553	0.239177	0.239177	0.239177 54
54.01 NORTHSIDE IMAGING	4,723	876,101	880,824	0.561052	0.561052	0.561052 54.01
54.02 NORTHSIDE MAMMOGRAPHY		639,646	639,646	0.588457	0.588457	0.588457 54.02
54.03 NORTHSIDE ULTRASOUND	4,039	1,673,900	1,677,939	0.236677	0.236677	0.236677 54.03
54.04 NORTHSIDE CARDIO	2,538	947,022	949,560	0.150607	0.150607	0.150607 54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	867,750	15,420,314	16,288,064	0.169579	0.169579	0.169579 55
56 RADIOISOTOPE	1,941,524	6,212,102	8,153,626	0.234057	0.234057	0.234057 56
56.01 PET SCANNING	191,348	5,162,529	5,353,877	0.234094	0.234094	0.234094 56.01
57 COMPUTED TOMOGRAPHY (CT) SC	17,996,209	40,732,779	58,728,988	0.023530	0.023530	0.023530 57
57.01 NORTHSIDE CT	20,720	4,536,594	4,557,314	0.178261	0.178261	0.178261 57.01
58 MAGNETIC RESONANCE IMAGING	5,372,430	14,552,455	19,924,885	0.063712	0.063712	0.063712 58
58.01 NORTHSIDE MRI	24,623	7,996,993	8,021,616	0.151824	0.151824	0.151824 58.01
60 LABORATORY	51,597,360	92,679,997	144,277,357	0.126151	0.126151	0.126151 60
60.01 NORTHSIDE LAB	799	145,954	146,753	7.445987	7.445987	7.445987 60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	23,830,429	5,599,420	29,429,849	0.086382	0.086382	0.086382 65
66 PHYSICAL THERAPY	14,611,211	1,190,510	15,801,721	0.240073	0.240073	0.240073 66
70 ELECTROENCEPHALOGRAPHY	565,294	7,137,817	7,703,111	0.114233	0.114233	0.117202 70
71 MEDICAL SUPPLIES CHRGD TO	6,270,925	1,307,297	7,578,222	0.088237	0.088237	0.088237 71
73 DRUGS CHARGED TO PATIENTS	39,873,846	11,464,844	51,338,690	0.227210	0.227210	0.227210 73
74 RENAL DIALYSIS	1,158,913	198,859	1,357,772	0.367224	0.367224	0.367224 74
76 PSYCH - PARTIAL HOSPITALIZA	43,946	1,472,492	1,516,438	0.521966	0.521966	0.521966 76
76.01 ENDOSCOPY	4,625,273	8,413,757	13,039,030	0.153131	0.153131	0.153131 76.01
76.97 CARDIAC REHABILITATION	1,338	680,634	681,972	0.612074	0.612074	0.616099 76.97
76.98 HYPERBARIC OXYGEN THERAPY		5,550,058	5,550,058	0.180742	0.180742	0.180742 76.98
76.99 LITHOTRIPSY	70,061	732,875	802,936	0.179042	0.179042	0.179042 76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	306	6,028,683	6,028,989	0.334513	0.334513	0.334513 90
90.01 CHILLI FAMILY PHYSICIANS		3,540,481	3,540,481	0.542351	0.542351	0.542351 90.01
90.03 PHYSICIAN OFFICES	3,840	72,198,049	72,201,889	0.418062	0.418062	0.423942 90.03
90.06 DIABETIC CARE CENTER	1,338	344,673	346,011	0.813153	0.813153	0.813153 90.06
90.07 WOUND CARE CENTER	151,992	3,207,711	3,359,703	0.188255	0.188255	0.188255 90.07
91 EMERGENCY	13,673,497	44,099,600	57,773,097	0.169979	0.169979	0.171843 91
92 OBSERVATION BEDS		2,256,540	2,256,540	1.113963	1.113963	1.113963 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
101 HOME HEALTH AGENCY		7,106,010	7,106,010			101
113 INTEREST EXPENSE						113
116 HOSPICE		3,277,966	3,277,966			116
200 SUBTOTAL (SEE INSTRUCTIONS)	520,001,616	564,062,687	1,084,064,303			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	520,001,616	564,062,687	1,084,064,303			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	5	6	7
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	2,802,407		2,802,407	60.83	21,459	1,305,351
31 INTENSIVE CARE UNIT	299,996		299,996	100.64	1,539	154,885
32 CORONARY CARE UNIT						
33 BURN INTENSIVE CARE UNIT						
34 SURGICAL INTENSIVE CARE UNIT	277,764		277,764	94.51	1,804	170,496
35 OTHER SPECIAL CARE (SPECIFY)						
40 SUBPROVIDER - IPF	656,015		656,015	46.73	4,082	190,752
41 SUBPROVIDER - IRF	435,310		435,310	54.96	6,035	331,684
42 SUBPROVIDER I						
43 NURSERY	113,748		113,748	25.61		
44 SKILLED NURSING FACILITY						
45 NURSING FACILITY						
200 TOTAL (LINES 30-199)	4,585,240		4,585,240		34,919	2,153,168

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0209) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,290,203	287,679,632	0.014913	88,949,739	1,326,507	50
52 DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136	38,776	1,207	52
53 ANESTHESIOLOGY	190,440	41,423,453	0.004597	7,188,762	33,047	53
53.01 PAIN CLINIC	241,164	4,508,733	0.053488	18,720	1,001	53.01
54 RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052	8,307,768	399,205	54
54.01 NORTHSIDE IMAGING	137,330	880,824	0.155911			54.01
54.02 NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710			54.02
54.03 NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125			54.03
54.04 NORTHSIDE CARDIO	41,330	949,560	0.043525			54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195	370,563	18,230	55
56 RADIOISOTOPE	315,539	8,153,626	0.038699			56
56.01 PET SCANNING	524,501	5,353,877	0.097967			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186	10,903,055	23,834	57
57.01 NORTHSIDE CT	384,917	4,557,314	0.084461			57.01
58 MAGNETIC RESONANCE IMAGING (M	422,958	19,924,885	0.021228	3,699,061	78,524	58
58.01 NORTHSIDE MRI	605,981	8,021,616	0.075544			58.01
60 LABORATORY	1,074,238	144,277,357	0.007446	26,629,593	198,284	60
60.01 NORTHSIDE LAB	366,747	146,753	2.499077			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	191,716	29,429,849	0.006514	14,519,291	94,579	65
66 PHYSICAL THERAPY	239,875	15,801,721	0.015180	3,900,493	59,209	66
70 ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472	213,874	1,598	70
71 MEDICAL SUPPLIES CHRGED TO PA	12,393	7,578,222	0.001635	5,546,887	9,069	71
73 DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606	18,879,728	86,960	73
74 RENAL DIALYSIS	42,446	1,357,772	0.031262	560,051	17,508	74
76 PSYCH - PARTIAL HOSPITALIZATI	107,049	1,516,438	0.070592			76
76.01 ENDOSCOPY	386,335	13,039,030	0.029629	2,578,259	76,391	76.01
76.97 CARDIAC REHABILITATION	38,037	681,972	0.055775			76.97
76.98 HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673			76.98
76.99 LITHOTRIPSY	1,956	802,936	0.002436	13,325	32	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	144,568	6,028,989	0.023979			90
90.01 CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264			90.01
90.03 PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946			90.03
90.06 DIABETIC CARE CENTER	22,282	346,011	0.064397	1,338	86	90.06
90.07 WOUND CARE CENTER	72,790	3,359,703	0.021666	102,506	2,221	90.07
91 EMERGENCY	535,903	57,773,097	0.009276	6,811,571	63,184	91
92 OBSERVATION BEDS	173,790	2,256,540	0.077016			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	17,348,301	939,261,688	939,261,688	199,233,360	2,490,676	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS	4,183,040				4,183,040	30
31 INTENSIVE CARE UNIT	320,235				320,235	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT	214,636				214,636	34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF	109,181				109,181	40
41 SUBPROVIDER - IRF	194,433				194,433	41
42 SUBPROVIDER I						42
43 NURSERY	24,931				24,931	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	5,046,456				5,046,456	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM	
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU	
	DAYS	COL.6)	DAYS	COSTS	
	6	7	8	(COL.7 x	
				COL.8)	9
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	46,070	90.80	21,459	1,948,477	30
31 INTENSIVE CARE UNIT	2,981	107.43	1,539	165,335	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	2,939	73.03	1,804	131,746	34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	14,039	7.78	4,082	31,758	40
41 SUBPROVIDER - IRF	7,920	24.55	6,035	148,159	41
42 SUBPROVIDER I					42
43 NURSERY	4,441	5.61			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	78,390		34,919	2,425,475	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0209)	[] 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
52	DELIVERY ROOM & LABOR ROOM	223,233			223,233	52
53	ANESTHESIOLOGY					53
53.01	PAIN CLINIC					53.01
54	RADIOLOGY-DIAGNOSTIC	4,370			4,370	54
54.01	NORTHSIDE IMAGING					54.01
54.02	NORTHSIDE MAMMOGRAPHY					54.02
54.03	NORTHSIDE ULTRASOUND					54.03
54.04	NORTHSIDE CARDIO					54.04
54.05	NORTHSIDE ADMIN					54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
56.01	PET SCANNING					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01	NORTHSIDE CT					57.01
58	MAGNETIC RESONANCE IMAGING (M					58
58.01	NORTHSIDE MRI					58.01
60	LABORATORY					60
60.01	NORTHSIDE LAB					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	4,585			4,585	65
66	PHYSICAL THERAPY					66
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	PSYCH - PARTIAL HOSPITALIZATI					76
76.01	ENDOSCOPY	7,522			7,522	76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	CHILLI FAMILY PHYSICIANS					90.01
90.03	PHYSICIAN OFFICES					90.03
90.06	DIABETIC CARE CENTER					90.06
90.07	WOUND CARE CENTER					90.07
91	EMERGENCY	391,876			391,876	91
92	OBSERVATION BEDS	259,409			259,409	92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	890,995			890,995	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0209)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM 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	287,679,632			88,949,739	37,653,965	50
52	DELIVERY ROOM & LABOR ROOM	10,993,359	0.020306	0.020306	38,776	3,191	65
53	ANESTHESIOLOGY	41,423,453			7,188,762	5,086,463	53
53.01	PAIN CLINIC	4,508,733			18,720	1,494,409	53.01
54	RADIOLOGY-DIAGNOSTIC	44,749,553	0.000098	0.000098	8,307,768	9,841,652	964
54.01	NORTHSIDE IMAGING	880,824				337,125	54.01
54.02	NORTHSIDE MAMMOGRAPHY	639,646				259,270	54.02
54.03	NORTHSIDE ULTRASOUND	1,677,939				409,019	54.03
54.04	NORTHSIDE CARDIO	949,560					54.04
54.05	NORTHSIDE ADMIN						54.05
55	RADIOLOGY-THERAPEUTIC	16,288,064			370,563	4,672,992	55
56	RADIOISOTOPE	8,153,626				2,096,272	56
56.01	PET SCANNING	5,353,877				2,032,996	56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	58,728,988			10,903,055	12,667,195	57
57.01	NORTHSIDE CT	4,557,314				1,559,076	57.01
58	MAGNETIC RESONANCE IMAGING (	19,924,885			3,699,061	3,553,576	58
58.01	NORTHSIDE MRI	8,021,616				1,764,645	58.01
60	LABORATORY	144,277,357			26,629,593	2,154,511	60
60.01	NORTHSIDE LAB	146,753					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,429,849	0.000156	0.000156	14,519,291	3,107,524	485
66	PHYSICAL THERAPY	15,801,721			3,900,493	2,968	66
70	ELECTROENCEPHALOGRAPHY	7,703,111				1,711,486	70
71	MEDICAL SUPPLIES CHRGED TO P	7,578,222				1,044,856	71
73	DRUGS CHARGED TO PATIENTS	51,338,690			18,879,728	5,146,062	73
74	RENAL DIALYSIS	1,357,772			560,051		74
76	PSYCH - PARTIAL HOSPITALIZAT	1,516,438				19,418	76
76.01	ENDOSCOPY	13,039,030	0.000577	0.000577	2,578,259	1,908,076	1,101
76.97	CARDIAC REHABILITATION	681,972				399,110	76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,550,058				694,582	76.98
76.99	LITHOTRIPSY	802,936			13,325	119,925	76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,028,989					90
90.01	CHILLI FAMILY PHYSICIANS	3,540,481					90.01
90.03	PHYSICIAN OFFICES	72,201,889					90.03
90.06	DIABETIC CARE CENTER	346,011			1,338		90.06
90.07	WOUND CARE CENTER	3,359,703			102,506	441,842	90.07
91	EMERGENCY	57,773,097	0.006783	0.006783	6,811,571	6,825,927	46,300
92	OBSERVATION BEDS	2,256,540	0.114959	0.114959		470,926	54,137
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	939,261,688			199,233,360	107,479,059	103,052

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0209) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	SERVICES	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS		
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206609	37,653,965	6,674		7,779,648	1,379		50
52 DELIVERY ROOM & LABOR ROOM	0.424823	3,191			1,356			52
53 ANESTHESIOLOGY	0.074826	5,086,463			380,600			53
53.01 PAIN CLINIC	0.280826	1,494,409			419,669			53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177	9,841,652			2,353,897			54
54.01 NORTHSIDE IMAGING	0.561052	337,125			189,145			54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457	259,270			152,569			54.02
54.03 NORTHSIDE ULTRASOUND	0.236677	409,019			96,805			54.03
54.04 NORTHSIDE CARDIO	0.150607							54.04
54.05 NORTHSIDE ADMIN								54.05
55 RADIOLOGY-THERAPEUTIC	0.169579	4,672,992			792,441			55
56 RADIOISOTOPE	0.234057	2,096,272			490,647			56
56.01 PET SCANNING	0.234094	2,032,996			475,912			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530	12,667,195			298,059			57
57.01 NORTHSIDE CT	0.178261	1,559,076			277,922			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712	3,553,576			226,405			58
58.01 NORTHSIDE MRI	0.151824	1,764,645			267,915			58.01
60 LABORATORY	0.126151	2,154,511			271,794			60
60.01 NORTHSIDE LAB	7.445987							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.086382	3,107,524			268,434			65
66 PHYSICAL THERAPY	0.240073	2,968			713			66
70 ELECTROENCEPHALOGRAPHY	0.114233	1,711,486			195,508			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237	1,044,856			92,195			71
73 DRUGS CHARGED TO PATIENTS	0.227210	5,146,062		27,066	1,169,237		6,150	73
74 RENAL DIALYSIS	0.367224							74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966	19,418			10,136			76
76.01 ENDOSCOPY	0.153131	1,908,076			292,186			76.01
76.97 CARDIAC REHABILITATION	0.612074	399,110			244,285			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742	694,582			125,540			76.98
76.99 LITHOTRIPSY	0.179042	119,925			21,472			76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.334513							90
90.01 CHILLI FAMILY PHYSICIANS	0.542351							90.01
90.03 PHYSICIAN OFFICES	0.418062							90.03
90.06 DIABETIC CARE CENTER	0.813153							90.06
90.07 WOUND CARE CENTER	0.188255	441,842			83,179			90.07
91 EMERGENCY	0.169979	6,825,927			1,160,264			91
92 OBSERVATION BEDS	1.113963	470,926			524,594			92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES								95
200 SUBTOTAL (SEE INSTRUCTIONS)		107,479,059	6,674	27,066	18,662,527	1,379	6,150	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		107,479,059	6,674	27,066	18,662,527	1,379	6,150	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-S209) [] 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	4,290,203	287,679,632	0.014913	66,436	991		50
52	DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136				52
53	ANESTHESIOLOGY	190,440	41,423,453	0.004597	21,654	100		53
53.01	PAIN CLINIC	241,164	4,508,733	0.053488	662	35		53.01
54	RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052	63,318	3,043		54
54.01	NORTHSIDE IMAGING	137,330	880,824	0.155911				54.01
54.02	NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710				54.02
54.03	NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125				54.03
54.04	NORTHSIDE CARDIO	41,330	949,560	0.043525				54.04
54.05	NORTHSIDE ADMIN							54.05
55	RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195				55
56	RADIOISOTOPE	315,539	8,153,626	0.038699	2,072	80		56
56.01	PET SCANNING	524,501	5,353,877	0.097967				56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186	93,268	204		57
57.01	NORTHSIDE CT	384,917	4,557,314	0.084461				57.01
58	MAGNETIC RESONANCE IMAGING (M	422,958	19,924,885	0.021228	8,291	176		58
58.01	NORTHSIDE MRI	605,981	8,021,616	0.075544				58.01
60	LABORATORY	1,074,238	144,277,357	0.007446	575,403	4,284		60
60.01	NORTHSIDE LAB	366,747	146,753	2.499077				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	191,716	29,429,849	0.006514	146,844	957		65
66	PHYSICAL THERAPY	239,875	15,801,721	0.015180	45,964	698		66
70	ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472	6,066	45		70
71	MEDICAL SUPPLIES CHRGED TO PA	12,393	7,578,222	0.001635	27,563	45		71
73	DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606	544,967	2,510		73
74	RENAL DIALYSIS	42,446	1,357,772	0.031262				74
76	PSYCH - PARTIAL HOSPITALIZATI	107,049	1,516,438	0.070592	43,946	3,102		76
76.01	ENDOSCOPY	386,335	13,039,030	0.029629	15,228	451		76.01
76.97	CARDIAC REHABILITATION	38,037	681,972	0.055775	305	17		76.97
76.98	HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673				76.98
76.99	LITHOTRIPSY	1,956	802,936	0.002436				76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	144,568	6,028,989	0.023979	306	7		90
90.01	CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264				90.01
90.03	PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946				90.03
90.06	DIABETIC CARE CENTER	22,282	346,011	0.064397				90.06
90.07	WOUND CARE CENTER	72,790	3,359,703	0.021666				90.07
91	EMERGENCY	535,903	57,773,097	0.009276	422,405	3,918		91
92	OBSERVATION BEDS	173,790	2,256,540	0.077016				92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	17,348,301	939,261,688	939,261,688	2,084,698	20,663		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-S209)	[] 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
52	DELIVERY ROOM & LABOR ROOM	223,233			223,233	52
53	ANESTHESIOLOGY					53
53.01	PAIN CLINIC					53.01
54	RADIOLOGY-DIAGNOSTIC	4,370			4,370	54
54.01	NORTHSIDE IMAGING					54.01
54.02	NORTHSIDE MAMMOGRAPHY					54.02
54.03	NORTHSIDE ULTRASOUND					54.03
54.04	NORTHSIDE CARDIO					54.04
54.05	NORTHSIDE ADMIN					54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
56.01	PET SCANNING					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01	NORTHSIDE CT					57.01
58	MAGNETIC RESONANCE IMAGING (M					58
58.01	NORTHSIDE MRI					58.01
60	LABORATORY					60
60.01	NORTHSIDE LAB					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	4,585			4,585	65
66	PHYSICAL THERAPY					66
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	PSYCH - PARTIAL HOSPITALIZATI					76
76.01	ENDOSCOPY	7,522			7,522	76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	CHILLI FAMILY PHYSICIANS					90.01
90.03	PHYSICIAN OFFICES					90.03
90.06	DIABETIC CARE CENTER					90.06
90.07	WOUND CARE CENTER					90.07
91	EMERGENCY	391,876			391,876	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	631,586			631,586	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-S209)	[] 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	287,679,632			66,436		50
52	DELIVERY ROOM & LABOR ROOM	10,993,359	0.020306	0.020306			52
53	ANESTHESIOLOGY	41,423,453			21,654		53
53.01	PAIN CLINIC	4,508,733			662		53.01
54	RADIOLOGY-DIAGNOSTIC	44,749,553	0.000098	0.000098	63,318	6	54
54.01	NORTHSIDE IMAGING	880,824					54.01
54.02	NORTHSIDE MAMMOGRAPHY	639,646					54.02
54.03	NORTHSIDE ULTRASOUND	1,677,939					54.03
54.04	NORTHSIDE CARDIO	949,560					54.04
54.05	NORTHSIDE ADMIN						54.05
55	RADIOLOGY-THERAPEUTIC	16,288,064					55
56	RADIOISOTOPE	8,153,626			2,072		56
56.01	PET SCANNING	5,353,877					56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	58,728,988			93,268		57
57.01	NORTHSIDE CT	4,557,314					57.01
58	MAGNETIC RESONANCE IMAGING (	19,924,885			8,291		58
58.01	NORTHSIDE MRI	8,021,616					58.01
60	LABORATORY	144,277,357			575,403		60
60.01	NORTHSIDE LAB	146,753					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,429,849	0.000156	0.000156	146,844	23	65
66	PHYSICAL THERAPY	15,801,721			45,964		66
70	ELECTROENCEPHALOGRAPHY	7,703,111			6,066		70
71	MEDICAL SUPPLIES CHRGED TO P	7,578,222			27,563		71
73	DRUGS CHARGED TO PATIENTS	51,338,690			544,967		73
74	RENAL DIALYSIS	1,357,772					74
76	PSYCH - PARTIAL HOSPITALIZAT	1,516,438			43,946		76
76.01	ENDOSCOPY	13,039,030	0.000577	0.000577	15,228	9	76.01
76.97	CARDIAC REHABILITATION	681,972			305		76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,550,058					76.98
76.99	LITHOTRIPSY	802,936					76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,028,989			306		90
90.01	CHILLI FAMILY PHYSICIANS	3,540,481					90.01
90.03	PHYSICIAN OFFICES	72,201,889					90.03
90.06	DIABETIC CARE CENTER	346,011					90.06
90.07	WOUND CARE CENTER	3,359,703					90.07
91	EMERGENCY	57,773,097	0.006783	0.006783	422,405	2,865	91
92	OBSERVATION BEDS	2,256,540					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	939,261,688			2,084,698	2,903	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S209) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206609						50
52 DELIVERY ROOM & LABOR ROOM	0.424823						52
53 ANESTHESIOLOGY	0.074826						53
53.01 PAIN CLINIC	0.280826						53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177						54
54.01 NORTHSIDE IMAGING	0.561052						54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457						54.02
54.03 NORTHSIDE ULTRASOUND	0.236677						54.03
54.04 NORTHSIDE CARDIO	0.150607						54.04
54.05 NORTHSIDE ADMIN							54.05
55 RADIOLOGY-THERAPEUTIC	0.169579						55
56 RADIOISOTOPE	0.234057						56
56.01 PET SCANNING	0.234094						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530						57
57.01 NORTHSIDE CT	0.178261						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712						58
58.01 NORTHSIDE MRI	0.151824						58.01
60 LABORATORY	0.126151						60
60.01 NORTHSIDE LAB	7.445987						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.086382						65
66 PHYSICAL THERAPY	0.240073						66
70 ELECTROENCEPHALOGRAPHY	0.114233						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237						71
73 DRUGS CHARGED TO PATIENTS	0.227210						73
74 RENAL DIALYSIS	0.367224						74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966						76
76.01 ENDOSCOPY	0.153131						76.01
76.97 CARDIAC REHABILITATION	0.612074						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742						76.98
76.99 LITHOTRIPSY	0.179042						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.334513						90
90.01 CHILLI FAMILY PHYSICIANS	0.542351						90.01
90.03 PHYSICIAN OFFICES	0.418062						90.03
90.06 DIABETIC CARE CENTER	0.813153						90.06
90.07 WOUND CARE CENTER	0.188255						90.07
91 EMERGENCY	0.169979						91
92 OBSERVATION BEDS	1.113963						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T209)	[] 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	4,290,203	287,679,632	0.014913	236,399	3,525		50
52	DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136				52
53	ANESTHESIOLOGY	190,440	41,423,453	0.004597	46,019	212		53
53.01	PAIN CLINIC	241,164	4,508,733	0.053488				53.01
54	RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052	798,925	38,390		54
54.01	NORTHSIDE IMAGING	137,330	880,824	0.155911				54.01
54.02	NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710				54.02
54.03	NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125				54.03
54.04	NORTHSIDE CARDIO	41,330	949,560	0.043525				54.04
54.05	NORTHSIDE ADMIN							54.05
55	RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195	74,683	3,674		55
56	RADIOISOTOPE	315,539	8,153,626	0.038699				56
56.01	PET SCANNING	524,501	5,353,877	0.097967				56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186				57
57.01	NORTHSIDE CT	384,917	4,557,314	0.084461				57.01
58	MAGNETIC RESONANCE IMAGING (M	422,958	19,924,885	0.021228				58
58.01	NORTHSIDE MRI	605,981	8,021,616	0.075544				58.01
60	LABORATORY	1,074,238	144,277,357	0.007446	1,852,432	13,793		60
60.01	NORTHSIDE LAB	366,747	146,753	2.499077				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	191,716	29,429,849	0.006514	1,028,801	6,702		65
66	PHYSICAL THERAPY	239,875	15,801,721	0.015180	6,323,753	95,995		66
70	ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472	7,077	53		70
71	MEDICAL SUPPLIES CHRGED TO PA	12,393	7,578,222	0.001635	696,475	1,139		71
73	DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606	1,339,850	6,171		73
74	RENAL DIALYSIS	42,446	1,357,772	0.031262	81,599	2,551		74
76	PSYCH - PARTIAL HOSPITALIZATI	107,049	1,516,438	0.070592				76
76.01	ENDOSCOPY	386,335	13,039,030	0.029629	80,165	2,375		76.01
76.97	CARDIAC REHABILITATION	38,037	681,972	0.055775				76.97
76.98	HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673				76.98
76.99	LITHOTRIPSY	1,956	802,936	0.002436				76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	144,568	6,028,989	0.023979				90
90.01	CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264				90.01
90.03	PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946				90.03
90.06	DIABETIC CARE CENTER	22,282	346,011	0.064397				90.06
90.07	WOUND CARE CENTER	72,790	3,359,703	0.021666	23,991	520		90.07
91	EMERGENCY	535,903	57,773,097	0.009276	23,722	220		91
92	OBSERVATION BEDS	173,790	2,256,540	0.077016				92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	17,348,301	939,261,688	939,261,688	12,613,891	175,320		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	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (14-T209)	[] 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
52	DELIVERY ROOM & LABOR ROOM	223,233			223,233	52
53	ANESTHESIOLOGY					53
53.01	PAIN CLINIC					53.01
54	RADIOLOGY-DIAGNOSTIC	4,370			4,370	54
54.01	NORTHSIDE IMAGING					54.01
54.02	NORTHSIDE MAMMOGRAPHY					54.02
54.03	NORTHSIDE ULTRASOUND					54.03
54.04	NORTHSIDE CARDIO					54.04
54.05	NORTHSIDE ADMIN					54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
56.01	PET SCANNING					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01	NORTHSIDE CT					57.01
58	MAGNETIC RESONANCE IMAGING (M					58
58.01	NORTHSIDE MRI					58.01
60	LABORATORY					60
60.01	NORTHSIDE LAB					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	4,585			4,585	65
66	PHYSICAL THERAPY					66
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	PSYCH - PARTIAL HOSPITALIZATI					76
76.01	ENDOSCOPY	7,522			7,522	76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	CHILLI FAMILY PHYSICIANS					90.01
90.03	PHYSICIAN OFFICES					90.03
90.06	DIABETIC CARE CENTER					90.06
90.07	WOUND CARE CENTER					90.07
91	EMERGENCY	391,876			391,876	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	631,586			631,586	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	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T209)	[] 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	287,679,632			236,399		50
52	DELIVERY ROOM & LABOR ROOM	10,993,359	0.020306	0.020306			52
53	ANESTHESIOLOGY	41,423,453			46,019		53
53.01	PAIN CLINIC	4,508,733					53.01
54	RADIOLOGY-DIAGNOSTIC	44,749,553	0.000098	0.000098	798,925	78	54
54.01	NORTHSIDE IMAGING	880,824					54.01
54.02	NORTHSIDE MAMMOGRAPHY	639,646					54.02
54.03	NORTHSIDE ULTRASOUND	1,677,939					54.03
54.04	NORTHSIDE CARDIO	949,560					54.04
54.05	NORTHSIDE ADMIN						54.05
55	RADIOLOGY-THERAPEUTIC	16,288,064			74,683		55
56	RADIOISOTOPE	8,153,626					56
56.01	PET SCANNING	5,353,877					56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	58,728,988					57
57.01	NORTHSIDE CT	4,557,314					57.01
58	MAGNETIC RESONANCE IMAGING (	19,924,885					58
58.01	NORTHSIDE MRI	8,021,616					58.01
60	LABORATORY	144,277,357			1,852,432		60
60.01	NORTHSIDE LAB	146,753					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,429,849	0.000156	0.000156	1,028,801	160	65
66	PHYSICAL THERAPY	15,801,721			6,323,753		66
70	ELECTROENCEPHALOGRAPHY	7,703,111			7,077		70
71	MEDICAL SUPPLIES CHRGED TO P	7,578,222			696,475		71
73	DRUGS CHARGED TO PATIENTS	51,338,690			1,339,850		73
74	RENAL DIALYSIS	1,357,772			81,599		74
76	PSYCH - PARTIAL HOSPITALIZAT	1,516,438					76
76.01	ENDOSCOPY	13,039,030	0.000577	0.000577	80,165	46	76.01
76.97	CARDIAC REHABILITATION	681,972					76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,550,058					76.98
76.99	LITHOTRIPSY	802,936					76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,028,989					90
90.01	CHILLI FAMILY PHYSICIANS	3,540,481					90.01
90.03	PHYSICIAN OFFICES	72,201,889					90.03
90.06	DIABETIC CARE CENTER	346,011					90.06
90.07	WOUND CARE CENTER	3,359,703			23,991		90.07
91	EMERGENCY	57,773,097	0.006783	0.006783	23,722	161	91
92	OBSERVATION BEDS	2,256,540					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	939,261,688			12,613,891	445	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 [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T209) [] 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	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206609						50
52 DELIVERY ROOM & LABOR ROOM	0.424823						52
53 ANESTHESIOLOGY	0.074826						53
53.01 PAIN CLINIC	0.280826						53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177						54
54.01 NORTHSIDE IMAGING	0.561052						54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457						54.02
54.03 NORTHSIDE ULTRASOUND	0.236677						54.03
54.04 NORTHSIDE CARDIO	0.150607						54.04
54.05 NORTHSIDE ADMIN							54.05
55 RADIOLOGY-THERAPEUTIC	0.169579						55
56 RADIOISOTOPE	0.234057						56
56.01 PET SCANNING	0.234094						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530						57
57.01 NORTHSIDE CT	0.178261						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712						58
58.01 NORTHSIDE MRI	0.151824						58.01
60 LABORATORY	0.126151						60
60.01 NORTHSIDE LAB	7.445987						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.086382						65
66 PHYSICAL THERAPY	0.240073						66
70 ELECTROENCEPHALOGRAPHY	0.114233						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237						71
73 DRUGS CHARGED TO PATIENTS	0.227210						73
74 RENAL DIALYSIS	0.367224						74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966						76
76.01 ENDOSCOPY	0.153131						76.01
76.97 CARDIAC REHABILITATION	0.612074						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742						76.98
76.99 LITHOTRIPSY	0.179042						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.334513						90
90.01 CHILLI FAMILY PHYSICIANS	0.542351						90.01
90.03 PHYSICIAN OFFICES	0.418062						90.03
90.06 DIABETIC CARE CENTER	0.813153						90.06
90.07 WOUND CARE CENTER	0.188255						90.07
91 EMERGENCY	0.169979						91
92 OBSERVATION BEDS	1.113963						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S209) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER					
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5				
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	4,290,203	287,679,632	0.014913					50
52	DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136					52
53	ANESTHESIOLOGY	190,440	41,423,453	0.004597					53
53.01	PAIN CLINIC	241,164	4,508,733	0.053488					53.01
54	RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052					54
54.01	NORTHSIDE IMAGING	137,330	880,824	0.155911					54.01
54.02	NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710					54.02
54.03	NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125					54.03
54.04	NORTHSIDE CARDIO	41,330	949,560	0.043525					54.04
54.05	NORTHSIDE ADMIN								54.05
55	RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195					55
56	RADIOISOTOPE	315,539	8,153,626	0.038699					56
56.01	PET SCANNING	524,501	5,353,877	0.097967					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186					57
57.01	NORTHSIDE CT	384,917	4,557,314	0.084461					57.01
58	MAGNETIC RESONANCE IMAGING (M	422,958	19,924,885	0.021228					58
58.01	NORTHSIDE MRI	605,981	8,021,616	0.075544					58.01
60	LABORATORY	1,074,238	144,277,357	0.007446					60
60.01	NORTHSIDE LAB	366,747	146,753	2.499077					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	191,716	29,429,849	0.006514					65
66	PHYSICAL THERAPY	239,875	15,801,721	0.015180					66
70	ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472					70
71	MEDICAL SUPPLIES CHRGED TO PA	12,393	7,578,222	0.001635					71
73	DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606					73
74	RENAL DIALYSIS	42,446	1,357,772	0.031262					74
76	PSYCH - PARTIAL HOSPITALIZATI	107,049	1,516,438	0.070592					76
76.01	ENDOSCOPY	386,335	13,039,030	0.029629					76.01
76.97	CARDIAC REHABILITATION	38,037	681,972	0.055775					76.97
76.98	HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673					76.98
76.99	LITHOTRIPSY	1,956	802,936	0.002436					76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	144,568	6,028,989	0.023979					90
90.01	CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264					90.01
90.03	PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946					90.03
90.06	DIABETIC CARE CENTER	22,282	346,011	0.064397					90.06
90.07	WOUND CARE CENTER	72,790	3,359,703	0.021666					90.07
91	EMERGENCY	535,903	57,773,097	0.009276					91
92	OBSERVATION BEDS		2,256,540						92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	17,174,511	939,261,688	939,261,688					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	[] TITLE XVIII-PT A	[XX] IPF (14-S209)	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM	223,233			223,233	52
53	ANESTHESIOLOGY					53
53.01	PAIN CLINIC					53.01
54	RADIOLOGY-DIAGNOSTIC	4,370			4,370	54
54.01	NORTHSIDE IMAGING					54.01
54.02	NORTHSIDE MAMMOGRAPHY					54.02
54.03	NORTHSIDE ULTRASOUND					54.03
54.04	NORTHSIDE CARDIO					54.04
54.05	NORTHSIDE ADMIN					54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
56.01	PET SCANNING					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01	NORTHSIDE CT					57.01
58	MAGNETIC RESONANCE IMAGING (M					58
58.01	NORTHSIDE MRI					58.01
60	LABORATORY					60
60.01	NORTHSIDE LAB					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	4,585			4,585	65
66	PHYSICAL THERAPY					66
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	PSYCH - PARTIAL HOSPITALIZATI					76
76.01	ENDOSCOPY	7,522			7,522	76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	CHILLI FAMILY PHYSICIANS					90.01
90.03	PHYSICIAN OFFICES					90.03
90.06	DIABETIC CARE CENTER					90.06
90.07	WOUND CARE CENTER					90.07
91	EMERGENCY	391,876			391,876	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	631,586			631,586	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	[] TITLE XVIII-PT A	[XX] IPF (14-S209)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	287,679,632					50
52	DELIVERY ROOM & LABOR ROOM	10,993,359	0.020306	0.020306			52
53	ANESTHESIOLOGY	41,423,453					53
53.01	PAIN CLINIC	4,508,733					53.01
54	RADIOLOGY-DIAGNOSTIC	44,749,553	0.000098	0.000098			54
54.01	NORTHSIDE IMAGING	880,824					54.01
54.02	NORTHSIDE MAMMOGRAPHY	639,646					54.02
54.03	NORTHSIDE ULTRASOUND	1,677,939					54.03
54.04	NORTHSIDE CARDIO	949,560					54.04
54.05	NORTHSIDE ADMIN						54.05
55	RADIOLOGY-THERAPEUTIC	16,288,064					55
56	RADIOISOTOPE	8,153,626					56
56.01	PET SCANNING	5,353,877					56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	58,728,988					57
57.01	NORTHSIDE CT	4,557,314					57.01
58	MAGNETIC RESONANCE IMAGING (	19,924,885					58
58.01	NORTHSIDE MRI	8,021,616					58.01
60	LABORATORY	144,277,357					60
60.01	NORTHSIDE LAB	146,753					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,429,849	0.000156	0.000156			65
66	PHYSICAL THERAPY	15,801,721					66
70	ELECTROENCEPHALOGRAPHY	7,703,111					70
71	MEDICAL SUPPLIES CHRGED TO P	7,578,222					71
73	DRUGS CHARGED TO PATIENTS	51,338,690					73
74	RENAL DIALYSIS	1,357,772					74
76	PSYCH - PARTIAL HOSPITALIZAT	1,516,438					76
76.01	ENDOSCOPY	13,039,030	0.000577	0.000577			76.01
76.97	CARDIAC REHABILITATION	681,972					76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,550,058					76.98
76.99	LITHOTRIPSY	802,936					76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,028,989					90
90.01	CHILLI FAMILY PHYSICIANS	3,540,481					90.01
90.03	PHYSICIAN OFFICES	72,201,889					90.03
90.06	DIABETIC CARE CENTER	346,011					90.06
90.07	WOUND CARE CENTER	3,359,703					90.07
91	EMERGENCY	57,773,097	0.006783	0.006783			91
92	OBSERVATION BEDS	2,256,540					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	939,261,688					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S209) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206609						50
52 DELIVERY ROOM & LABOR ROOM	0.424823						52
53 ANESTHESIOLOGY	0.074826						53
53.01 PAIN CLINIC	0.280826						53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177						54
54.01 NORTHSIDE IMAGING	0.561052						54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457						54.02
54.03 NORTHSIDE ULTRASOUND	0.236677						54.03
54.04 NORTHSIDE CARDIO	0.150607						54.04
54.05 NORTHSIDE ADMIN							54.05
55 RADIOLOGY-THERAPEUTIC	0.169579						55
56 RADIOISOTOPE	0.234057						56
56.01 PET SCANNING	0.234094						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530						57
57.01 NORTHSIDE CT	0.178261						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712						58
58.01 NORTHSIDE MRI	0.151824						58.01
60 LABORATORY	0.126151						60
60.01 NORTHSIDE LAB	7.445987						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.086382						65
66 PHYSICAL THERAPY	0.240073						66
70 ELECTROENCEPHALOGRAPHY	0.114233						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237						71
73 DRUGS CHARGED TO PATIENTS	0.227210						73
74 RENAL DIALYSIS	0.367224						74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966						76
76.01 ENDOSCOPY	0.153131						76.01
76.97 CARDIAC REHABILITATION	0.612074						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742						76.98
76.99 LITHOTRIPSY	0.179042						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.334513						90
90.01 CHILLI FAMILY PHYSICIANS	0.542351						90.01
90.03 PHYSICIAN OFFICES	0.418062						90.03
90.06 DIABETIC CARE CENTER	0.813153						90.06
90.07 WOUND CARE CENTER	0.188255						90.07
91 EMERGENCY	0.169979						91
92 OBSERVATION BEDS	1.113963						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
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) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T209) [] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)	4	5
	1	2	3		
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,290,203	287,679,632	0.014913		50
52 DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136		52
53 ANESTHESIOLOGY	190,440	41,423,453	0.004597		53
53.01 PAIN CLINIC	241,164	4,508,733	0.053488		53.01
54 RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052		54
54.01 NORTHSIDE IMAGING	137,330	880,824	0.155911		54.01
54.02 NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710		54.02
54.03 NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125		54.03
54.04 NORTHSIDE CARDIO	41,330	949,560	0.043525		54.04
54.05 NORTHSIDE ADMIN					54.05
55 RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195		55
56 RADIOISOTOPE	315,539	8,153,626	0.038699		56
56.01 PET SCANNING	524,501	5,353,877	0.097967		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186		57
57.01 NORTHSIDE CT	384,917	4,557,314	0.084461		57.01
58 MAGNETIC RESONANCE IMAGING (M	422,958	19,924,885	0.021228		58
58.01 NORTHSIDE MRI	605,981	8,021,616	0.075544		58.01
60 LABORATORY	1,074,238	144,277,357	0.007446		60
60.01 NORTHSIDE LAB	366,747	146,753	2.499077		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	191,716	29,429,849	0.006514		65
66 PHYSICAL THERAPY	239,875	15,801,721	0.015180		66
70 ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472		70
71 MEDICAL SUPPLIES CHRGED TO PA	12,393	7,578,222	0.001635		71
73 DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606		73
74 RENAL DIALYSIS	42,446	1,357,772	0.031262		74
76 PSYCH - PARTIAL HOSPITALIZATI	107,049	1,516,438	0.070592		76
76.01 ENDOSCOPY	386,335	13,039,030	0.029629		76.01
76.97 CARDIAC REHABILITATION	38,037	681,972	0.055775		76.97
76.98 HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673		76.98
76.99 LITHOTRIPSY	1,956	802,936	0.002436		76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	144,568	6,028,989	0.023979		90
90.01 CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264		90.01
90.03 PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946		90.03
90.06 DIABETIC CARE CENTER	22,282	346,011	0.064397		90.06
90.07 WOUND CARE CENTER	72,790	3,359,703	0.021666		90.07
91 EMERGENCY	535,903	57,773,097	0.009276		91
92 OBSERVATION BEDS		2,256,540	2,256,540		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	17,174,511	939,261,688	939,261,688		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	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[XX] IRF (14-T209)	[] NF		[] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM	223,233			223,233	223,233
53	ANESTHESIOLOGY					53
53.01	PAIN CLINIC					53.01
54	RADIOLOGY-DIAGNOSTIC	4,370			4,370	4,370
54.01	NORTHSIDE IMAGING					54.01
54.02	NORTHSIDE MAMMOGRAPHY					54.02
54.03	NORTHSIDE ULTRASOUND					54.03
54.04	NORTHSIDE CARDIO					54.04
54.05	NORTHSIDE ADMIN					54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
56.01	PET SCANNING					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
57.01	NORTHSIDE CT					57.01
58	MAGNETIC RESONANCE IMAGING (M					58
58.01	NORTHSIDE MRI					58.01
60	LABORATORY					60
60.01	NORTHSIDE LAB					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	4,585			4,585	4,585
66	PHYSICAL THERAPY					66
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	PSYCH - PARTIAL HOSPITALIZATI					76
76.01	ENDOSCOPY	7,522			7,522	7,522
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	CHILLI FAMILY PHYSICIANS					90.01
90.03	PHYSICIAN OFFICES					90.03
90.06	DIABETIC CARE CENTER					90.06
90.07	WOUND CARE CENTER					90.07
91	EMERGENCY	391,876			391,876	391,876
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	631,586			631,586	631,586

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T209)	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	287,679,632					50
52	DELIVERY ROOM & LABOR ROOM	10,993,359	0.020306	0.020306			52
53	ANESTHESIOLOGY	41,423,453					53
53.01	PAIN CLINIC	4,508,733					53.01
54	RADIOLOGY-DIAGNOSTIC	44,749,553	0.000098	0.000098			54
54.01	NORTHSIDE IMAGING	880,824					54.01
54.02	NORTHSIDE MAMMOGRAPHY	639,646					54.02
54.03	NORTHSIDE ULTRASOUND	1,677,939					54.03
54.04	NORTHSIDE CARDIO	949,560					54.04
54.05	NORTHSIDE ADMIN						54.05
55	RADIOLOGY-THERAPEUTIC	16,288,064					55
56	RADIOISOTOPE	8,153,626					56
56.01	PET SCANNING	5,353,877					56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	58,728,988					57
57.01	NORTHSIDE CT	4,557,314					57.01
58	MAGNETIC RESONANCE IMAGING (	19,924,885					58
58.01	NORTHSIDE MRI	8,021,616					58.01
60	LABORATORY	144,277,357					60
60.01	NORTHSIDE LAB	146,753					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,429,849	0.000156	0.000156			65
66	PHYSICAL THERAPY	15,801,721					66
70	ELECTROENCEPHALOGRAPHY	7,703,111					70
71	MEDICAL SUPPLIES CHRGED TO P	7,578,222					71
73	DRUGS CHARGED TO PATIENTS	51,338,690					73
74	RENAL DIALYSIS	1,357,772					74
76	PSYCH - PARTIAL HOSPITALIZAT	1,516,438					76
76.01	ENDOSCOPY	13,039,030	0.000577	0.000577			76.01
76.97	CARDIAC REHABILITATION	681,972					76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,550,058					76.98
76.99	LITHOTRIPSY	802,936					76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,028,989					90
90.01	CHILLI FAMILY PHYSICIANS	3,540,481					90.01
90.03	PHYSICIAN OFFICES	72,201,889					90.03
90.06	DIABETIC CARE CENTER	346,011					90.06
90.07	WOUND CARE CENTER	3,359,703					90.07
91	EMERGENCY	57,773,097	0.006783	0.006783			91
92	OBSERVATION BEDS	2,256,540					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	939,261,688					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T209) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206609						50
52 DELIVERY ROOM & LABOR ROOM	0.424823						52
53 ANESTHESIOLOGY	0.074826						53
53.01 PAIN CLINIC	0.280826						53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177						54
54.01 NORTHSIDE IMAGING	0.561052						54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457						54.02
54.03 NORTHSIDE ULTRASOUND	0.236677						54.03
54.04 NORTHSIDE CARDIO	0.150607						54.04
54.05 NORTHSIDE ADMIN							54.05
55 RADIOLOGY-THERAPEUTIC	0.169579						55
56 RADIOISOTOPE	0.234057						56
56.01 PET SCANNING	0.234094						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530						57
57.01 NORTHSIDE CT	0.178261						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712						58
58.01 NORTHSIDE MRI	0.151824						58.01
60 LABORATORY	0.126151						60
60.01 NORTHSIDE LAB	7.445987						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.086382						65
66 PHYSICAL THERAPY	0.240073						66
70 ELECTROENCEPHALOGRAPHY	0.114233						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237						71
73 DRUGS CHARGED TO PATIENTS	0.227210						73
74 RENAL DIALYSIS	0.367224						74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966						76
76.01 ENDOSCOPY	0.153131						76.01
76.97 CARDIAC REHABILITATION	0.612074						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742						76.98
76.99 LITHOTRIPSY	0.179042						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.334513						90
90.01 CHILLI FAMILY PHYSICIANS	0.542351						90.01
90.03 PHYSICIAN OFFICES	0.418062						90.03
90.06 DIABETIC CARE CENTER	0.813153						90.06
90.07 WOUND CARE CENTER	0.188255						90.07
91 EMERGENCY	0.169979						91
92 OBSERVATION BEDS	1.113963						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0209) [] 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)	46,070	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,070	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46,070	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)	21,459	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)	40,534,056	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	40,534,056	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78,205,296	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78,205,296	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.518303	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)	1,697.53	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)	40,534,056	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0209) [] 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) 879.84 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 18,880,487 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) 18,880,487 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,488,188	2,981	1,505.60	1,539	2,317,118	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	4,074,239	2,939	1,386.27	1,804	2,500,831	46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					33,632,355	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					57,330,791	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,876,290 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,542,233 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,418,523 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 50,912,268 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,857 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 879.84 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,513,703 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,802,407	40,534,056	0.069137	2,513,703	173,790	90
91 NURSING SCHOOL COST	4,183,040	40,534,056	0.103198	2,513,703	259,409	91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S209) [] 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)	14,039	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,039	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,039	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)	4,082	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,530,227	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,530,227	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,979,979	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,979,979	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.406589	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)	1,494.41	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,530,227	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-S209) [] 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)	607.61 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,480,264 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)	2,480,264 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	355,308 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,835,572 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	222,510 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	23,566 51
52	TOTAL PROGRAM EXCLUDABLE COST	246,076 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,589,496 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T209) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,920	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,920	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,920	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,035	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)	6,066,402	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	6,066,402	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,804,972	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,804,972	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.045036	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)	732.95	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)	6,066,402	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 [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T209) [] 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)	765.96 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,622,569 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,622,569 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,514,309 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	7,136,878 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	479,843 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	175,765 51
52	TOTAL PROGRAM EXCLUDABLE COST	655,608 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	6,481,270 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S209) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	14,039	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,039	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,039	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)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,530,227	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,530,227	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,979,979	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,979,979	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.406589	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)	1,494.41	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,530,227	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S209) [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	607.61	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)		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)		41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		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

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 IPF SNF TEFRA
 BOXES TITLE XIX-INPT IRF (14-T209) NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,920	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,920	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,920	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)	669	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)	6,066,402	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	6,066,402	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,804,972	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,804,972	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.045036	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)	732.95	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)	6,066,402	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T209) [] 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) 765.96 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 512,427 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) 512,427 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 512,427 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) 512,427 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 (14-0209) [] 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		31,582,237		30
31 INTENSIVE CARE UNIT		4,906,638		31
34 SURGICAL INTENSIVE CARE UNIT		5,776,800		34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206664	88,949,739	18,382,709	50
52 DELIVERY ROOM & LABOR ROOM	0.425431	38,776	16,497	52
53 ANESTHESIOLOGY	0.074826	7,188,762	537,906	53
53.01 PAIN CLINIC	0.280849	18,720	5,257	53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177	8,307,768	1,987,027	54
54.01 NORTHSIDE IMAGING	0.561052			54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457			54.02
54.03 NORTHSIDE ULTRASOUND	0.236677			54.03
54.04 NORTHSIDE CARDIO	0.150607			54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	0.169579	370,563	62,840	55
56 RADIOISOTOPE	0.234057			56
56.01 PET SCANNING	0.234094			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530	10,903,055	256,549	57
57.01 NORTHSIDE CT	0.178261			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712	3,699,061	235,675	58
58.01 NORTHSIDE MRI	0.151824			58.01
60 LABORATORY	0.126151	26,629,593	3,359,350	60
60.01 NORTHSIDE LAB	7.445987			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.086382	14,519,291	1,254,205	65
66 PHYSICAL THERAPY	0.240073	3,900,493	936,403	66
70 ELECTROENCEPHALOGRAPHY	0.117202	213,874	25,066	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.088237	5,546,887	489,441	71
73 DRUGS CHARGED TO PATIENTS	0.227210	18,879,728	4,289,663	73
74 RENAL DIALYSIS	0.367224	560,051	205,664	74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966			76
76.01 ENDOSCOPY	0.153131	2,578,259	394,811	76.01
76.97 CARDIAC REHABILITATION	0.616099			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742			76.98
76.99 LITHOTRIPSY	0.179042	13,325	2,386	76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.334513			90
90.01 CHILLI FAMILY PHYSICIANS	0.542351			90.01
90.03 PHYSICIAN OFFICES	0.423942			90.03
90.06 DIABETIC CARE CENTER	0.813153	1,338	1,088	90.06
90.07 WOUND CARE CENTER	0.188255	102,506	19,297	90.07
91 EMERGENCY	0.171843	6,811,571	1,170,521	91
92 OBSERVATION BEDS	1.113963			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		199,233,360	33,632,355	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		199,233,360		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-S209) [] 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
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF		6,088,160		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206664	66,436	13,730	50
52 DELIVERY ROOM & LABOR ROOM	0.425431			52
53 ANESTHESIOLOGY	0.074826	21,654	1,620	53
53.01 PAIN CLINIC	0.280849	662	186	53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177	63,318	15,144	54
54.01 NORTHSIDE IMAGING	0.561052			54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457			54.02
54.03 NORTHSIDE ULTRASOUND	0.236677			54.03
54.04 NORTHSIDE CARDIO	0.150607			54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	0.169579			55
56 RADIOISOTOPE	0.234057	2,072	485	56
56.01 PET SCANNING	0.234094			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530	93,268	2,195	57
57.01 NORTHSIDE CT	0.178261			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712	8,291	528	58
58.01 NORTHSIDE MRI	0.151824			58.01
60 LABORATORY	0.126151	575,403	72,588	60
60.01 NORTHSIDE LAB	7.445987			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.086382	146,844	12,685	65
66 PHYSICAL THERAPY	0.240073	45,964	11,035	66
70 ELECTROENCEPHALOGRAPHY	0.117202	6,066	711	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.088237	27,563	2,432	71
73 DRUGS CHARGED TO PATIENTS	0.227210	544,967	123,822	73
74 RENAL DIALYSIS	0.367224			74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966	43,946	22,938	76
76.01 ENDOSCOPY	0.153131	15,228	2,332	76.01
76.97 CARDIAC REHABILITATION	0.616099	305	188	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742			76.98
76.99 LITHOTRIPSY	0.179042			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.334513	306	102	90
90.01 CHILLI FAMILY PHYSICIANS	0.542351			90.01
90.03 PHYSICIAN OFFICES	0.423942			90.03
90.06 DIABETIC CARE CENTER	0.813153			90.06
90.07 WOUND CARE CENTER	0.188255			90.07
91 EMERGENCY	0.171843	422,405	72,587	91
92 OBSERVATION BEDS	1.113963			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,084,698	355,308	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,084,698		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 [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T209) [] 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
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		3,892,846		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206664	236,399	48,855	50
52 DELIVERY ROOM & LABOR ROOM	0.425431			52
53 ANESTHESIOLOGY	0.074826	46,019	3,443	53
53.01 PAIN CLINIC	0.280849			53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177	798,925	191,084	54
54.01 NORTHSIDE IMAGING	0.561052			54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457			54.02
54.03 NORTHSIDE ULTRASOUND	0.236677			54.03
54.04 NORTHSIDE CARDIO	0.150607			54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	0.169579	74,683	12,665	55
56 RADIOISOTOPE	0.234057			56
56.01 PET SCANNING	0.234094			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530			57
57.01 NORTHSIDE CT	0.178261			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712			58
58.01 NORTHSIDE MRI	0.151824			58.01
60 LABORATORY	0.126151	1,852,432	233,686	60
60.01 NORTHSIDE LAB	7.445987			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.086382	1,028,801	88,870	65
66 PHYSICAL THERAPY	0.240073	6,323,753	1,518,162	66
70 ELECTROENCEPHALOGRAPHY	0.117202	7,077	829	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.088237	696,475	61,455	71
73 DRUGS CHARGED TO PATIENTS	0.227210	1,339,850	304,427	73
74 RENAL DIALYSIS	0.367224	81,599	29,965	74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966			76
76.01 ENDOSCOPY	0.153131	80,165	12,276	76.01
76.97 CARDIAC REHABILITATION	0.616099			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742			76.98
76.99 LITHOTRIPSY	0.179042			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.334513			90
90.01 CHILLI FAMILY PHYSICIANS	0.542351			90.01
90.03 PHYSICIAN OFFICES	0.423942			90.03
90.06 DIABETIC CARE CENTER	0.813153			90.06
90.07 WOUND CARE CENTER	0.188255	23,991	4,516	90.07
91 EMERGENCY	0.171843	23,722	4,076	91
92 OBSERVATION BEDS	1.113963			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		12,613,891	2,514,309	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		12,613,891		202

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S209)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30					30
31					31
34					34
40					40
41					41
ANCILLARY SERVICE COST CENTERS					
50	0.206664				50
52	0.425431				52
53	0.074826				53
53.01	0.280849				53.01
54	0.239177				54
54.01	0.561052				54.01
54.02	0.588457				54.02
54.03	0.236677				54.03
54.04	0.150607				54.04
54.05					54.05
55	0.169579				55
56	0.234057				56
56.01	0.234094				56.01
57	0.023530				57
57.01	0.178261				57.01
58	0.063712				58
58.01	0.151824				58.01
60	0.126151				60
60.01	7.445987				60.01
62.30					62.30
65	0.086382				65
66	0.240073				66
70	0.117202				70
71	0.088237				71
73	0.227210				73
74	0.367224				74
76	0.521966				76
76.01	0.153131				76.01
76.97	0.616099				76.97
76.98	0.180742				76.98
76.99	0.179042				76.99
OUTPATIENT SERVICE COST CENTERS					
90	0.334513				90
90.01	0.542351				90.01
90.03	0.423942				90.03
90.06	0.813153				90.06
90.07	0.188255				90.07
91	0.171843				91
92	1.113963				92
OTHER REIMBURSABLE COST CENTERS					
95					95
200					200
201					201
202					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T209)	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206664			50
52 DELIVERY ROOM & LABOR ROOM	0.425431			52
53 ANESTHESIOLOGY	0.074826			53
53.01 PAIN CLINIC	0.280849			53.01
54 RADIOLOGY-DIAGNOSTIC	0.239177			54
54.01 NORTHSIDE IMAGING	0.561052			54.01
54.02 NORTHSIDE MAMMOGRAPHY	0.588457			54.02
54.03 NORTHSIDE ULTRASOUND	0.236677			54.03
54.04 NORTHSIDE CARDIO	0.150607			54.04
54.05 NORTHSIDE ADMIN				54.05
55 RADIOLOGY-THERAPEUTIC	0.169579			55
56 RADIOISOTOPE	0.234057			56
56.01 PET SCANNING	0.234094			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.023530			57
57.01 NORTHSIDE CT	0.178261			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.063712			58
58.01 NORTHSIDE MRI	0.151824			58.01
60 LABORATORY	0.126151			60
60.01 NORTHSIDE LAB	7.445987			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.086382			65
66 PHYSICAL THERAPY	0.240073			66
70 ELECTROENCEPHALOGRAPHY	0.117202			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.088237			71
73 DRUGS CHARGED TO PATIENTS	0.227210			73
74 RENAL DIALYSIS	0.367224			74
76 PSYCH - PARTIAL HOSPITALIZATION	0.521966			76
76.01 ENDOSCOPY	0.153131			76.01
76.97 CARDIAC REHABILITATION	0.616099			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.180742			76.98
76.99 LITHOTRIPSY	0.179042			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.334513			90
90.01 CHILLI FAMILY PHYSICIANS	0.542351			90.01
90.03 PHYSICIAN OFFICES	0.423942			90.03
90.06 DIABETIC CARE CENTER	0.813153			90.06
90.07 WOUND CARE CENTER	0.188255			90.07
91 EMERGENCY	0.171843			91
92 OBSERVATION BEDS	1.113963			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0209)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	42,444,747	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	896,087	2
3	MANAGED CARE SIMULATED PAYMENTS	4,776,621	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	205.19	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)	19.48	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)	19.48	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	30.79	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	19.48	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	19.48	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	19.48	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	19.48	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	19.48	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.094936	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.092454	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.092454	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	2,324,425	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)	8.00	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	11.31	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	8.00	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.038988	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.010303	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	486,522	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	2,810,947	29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0453	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2621	31
32	SUM OF LINES 30 AND 31	0.3074	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1458	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,188,444	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)	52,340,225	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)	52,340,225	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,929,736	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 (14-0209)
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)	1,581,495	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	551,600	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	2,245,558	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	51,557	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	60,700,171	59
60	PRIMARY PAYER PAYMENTS	25,140	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	60,675,031	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,418,904	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	217,174	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	705,786	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	494,050	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	681,393	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	56,533,003	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	56,533,003	71
72	INTERIM PAYMENTS	55,351,058	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,181,945	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0209) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,529	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	18,559,475	2
3	PPS PAYMENTS	17,258,039	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	54,195	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	103,052	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	7,529	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	33,740	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)	33,740	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)	33,740	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	26,211	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)	7,529	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)	17,415,286	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,335	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	3,992,371	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	13,429,109	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	438,896	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	13,868,005	30
31	PRIMARY PAYER PAYMENTS	2,776	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	13,865,229	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)	607,007	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	424,905	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	566,141	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	14,290,134	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-301	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	14,290,435	40
41	INTERIM PAYMENTS	14,336,182	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-45,747	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S209) [] 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T209)
 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 OPPS (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 (14-0209) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		54,858,613		14,323,794
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 07/22/2011	112,765	12/02/2011	12,388
	.02 12/02/2011	373,559		
	PROGRAM .03 12/09/2011	6,121		
	TO .04			
	PROVIDER .05			
	.06			
	.07			
	.08			
	.09			
	.50	NONE		NONE
	.51			
	PROVIDER .52			
	TO .53			
	PROGRAM .54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		492,445		12,388
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		55,351,058		14,336,182

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S209) [] 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		2,692,991			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 07/22/2011	33,225		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50 12/02/2011	8,354		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		24,871			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,717,862			4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/24/2012 11:06

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0209) 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	13,248 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	24,802 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,763 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	49,133 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,084,064,303 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	29,057,200 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-S209)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,829,882	1
2	NET IPF PPS OUTLIER PAYMENT	9,409	2
3	NET IPF PPS ECT PAYMENT	11,681	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	1.09	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)	1.09	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)	1.09	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	38.463014	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	0.014496	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	41,022	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,891,994	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,891,994	16
17	PRIMARY PAYER PAYMENTS	2,079	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,889,915	18
19	DEDUCTIBLES	303,024	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,586,891	20
21	COINSURANCE	33,677	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,553,214	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	206,752	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	144,726	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	204,552	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,697,940	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	34,661	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,732,601	31
32	INTERIM PAYMENTS	2,717,862	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	14,739	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 III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T209)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	7,327,268	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.028400	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	369,250	3
4	OUTLIER PAYMENTS	79,819	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	21.698630	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	7,776,337	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	7,776,337	17
18	PRIMARY PAYER PAYMENTS	11,078	18
19	SUBTOTAL LINE 17b LESS LINE 18)	7,765,259	19
20	DEDUCTIBLES	46,300	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	7,718,959	21
22	COINSURANCE	98,738	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	7,620,221	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	15,186	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,630	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	15,186	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	7,630,851	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	148,604	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,779,455	32
33	INTERIM PAYMENTS	7,706,960	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	72,495	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [XX] IPF (14-S209) [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [] OTHER
[] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T209) [] ICF/MR [] OTHER
[] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES	
1 INPATIENT HOSPITAL SNF/NF SERVICES	1
2 MEDICAL AND OTHER SERVICES	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5 INPATIENT PRIMARY PAYER PAYMENTS	5
6 OUTPATIENT PRIMARY PAYER PAYMENTS	6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES	
8 ROUTINE SERVICE CHARGES	8
9 ANCILLARY SERVICE CHARGES	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES	
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT	
22 OTHER THAN OUTLIER PAYMENTS	22
23 OUTLIER PAYMENTS	23
24 PROGRAM CAPITAL PAYMENTS	24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29 SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
30 EXCESS OF REASONABLE COST (FROM LINE 18)	30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32 DEDUCTIBLES	32
33 COINSURANCE	33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35 UTILIZATION REVIEW	35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38 SUBTOTAL (LINE 36 ± LINE 37)	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41 INTERIM PAYMENTS	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			25.05 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			25.05 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			31.88 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			25.05 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	28.72	3.16	31.88 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	22.57	2.48	25.05 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	22.57	2.48	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	29.26	2.13	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	28.48	1.97	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	26.77	2.19	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	26.77	2.19	17
18	PER RESIDENT AMOUNT	117,213.93	110,991.26	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,137,817	243,071	3,380,888 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			5.18 20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			6.83 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			5.18 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			90,878.72 23
24	MULTIPLY LINE 22 TIMES LINE 23			470,752 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			3,851,640 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	34,919	2,763	26
27	TOTAL INPATIENT DAYS	71,092	71,092	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.491180	0.038865	28
29	PROGRAM DIRECT GME AMOUNT	1,891,849	149,694	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		21,152	30
31	NET PROGRAM DIRECT GME AMOUNT			2,020,391 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			1,357,772 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			67,303,241 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			38,297 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			67,264,944 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			18,670,056 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,776 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			18,667,280 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			85,932,224 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.782767 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.217233 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,020,391 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,581,495 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			438,896 50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	17,420,124			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	56,662,570			4
5	OTHER RECEIVABLES	7,189,742			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,166,168			7
8	PREPAID EXPENSES	7,010,411			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	2,606,474			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	94,055,489			11
FIXED ASSETS					
12	LAND	1,458,352			12
13	LAND IMPROVEMENTS	8,499,472			13
14	ACCUMULATED DEPRECIATION	-2,162,618			14
15	BUILDINGS	185,503,863			15
16	ACCUMULATED DEPRECIATION	-73,195,427			16
17	LEASEHOLD IMPROVEMENTS	745,530			17
18	ACCUMULATED AMORTIZATION	-593,594			18
19	FIXED EQUIPMENT	73,322,202			19
20	ACCUMULATED DEPRECIATION	-58,032,317			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	183,325,753			23
24	ACCUMULATED DEPRECIATION	-146,727,478			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)	172,143,738			30
OTHER ASSETS					
31	INVESTMENTS	130,444,371			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	37,340,781			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	167,785,152			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	433,984,379			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	45,626,749			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	5,701,999			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	28,071,986			43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	79,400,734			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	104,374,646			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	131,094,778			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	235,469,424			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	314,870,158			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	119,114,221			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)	119,114,221			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	433,984,379			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		169,923,806							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-8,569,336							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		161,354,470							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN TEMP & PERM REST		-519,329							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		-519,329							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		160,835,141							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13		41,720,920							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		41,720,920							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		119,114,221							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	462,956,599		462,956,599	1
3 SUBPROVIDER IPF	41,660,050		41,660,050	2
5 SUBPROVIDER IRF	22,205,391		22,205,391	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	526,822,040		526,822,040	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	526,822,040		526,822,040	17
18 ANCILLARY SERVICES				18
19 OUTPATIENT SERVICES		445,934,574	445,934,574	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		7,106,010	7,106,010	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE		3,277,966	3,277,966	26
27 OTHER PATIENT REVENUES		97,177,193	97,177,193	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	526,822,040	553,495,743	1,080,317,783	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		362,148,853	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	22,056,009		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		22,056,009	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)		384,204,862	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,080,317,783	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	722,071,115	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	358,246,668	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	384,204,862	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-25,958,194	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	90,697	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	984,382	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	8,754,800	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC AND LIFELINE)	11,150,632	24
24.02	OTHER (LONG-LIVED ASSET IMPAIRMENT)	8,554,202	24.02
24.04	OTHER (ROUNDING)	9,353	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	29,544,066	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,585,872	26
27		12,155,208	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	12,155,208	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-8,569,336	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7259

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	742,754	54,759	4,710	20,605	117,468	940,296
6 SKILLED NURSING CARE	1,816,846	133,631	267	72	178,650	2,129,466
7 PHYSICAL THERAPY				1,031,760	6,113	1,037,873
8 OCCUPATIONAL THERAPY				246,787		246,787
9 SPEECH PATHOLOGY				78,791		78,791
10 MEDICAL SOCIAL SERVICES	58,770	4,449			7,474	70,693
11 HOME HEALTH AIDE	116,999	8,445			44,816	170,260
12 SUPPLIES (SEE INSTRUCTIONS)					83,144	83,144
13 DRUGS					3,253	3,253
14 DME						14
15 HHA NONREIMBURSABLE SERVICES						15
16 HOME DIALYSIS AIDE SERVICES						16
17 RESPIRATORY THERAPY						17
18 PRIVATE DUTY NURSING						18
19 CLINIC						19
20 HEALTH PROMOTION ACTIVITIES						20
21 DAY CARE PROGRAM						21
22 HOME DELIVERED MEALS PROGRAM						22
23 HOMEMAKER SERVICE						23
24 ALL OTHERS						24
TOTAL (SUM OF LINES 1-23)	2,735,369	201,284	4,977	1,378,015	440,918	4,760,563

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7259

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	-132,426	807,870	-27,363	780,507	5
6		2,129,466		2,129,466	6
7		1,037,873		1,037,873	7
8		246,787		246,787	8
9		78,791		78,791	9
10		70,693		70,693	10
11		170,260		170,260	11
12		83,144		83,144	12
13		3,253		3,253	13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-132,426	4,628,137	-27,363	4,600,774	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7259

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	
1									1
2									2
3									3
4									4
5		780,507				780,507	780,507		5
6		2,129,466				2,129,466	435,064	2,564,530	6
7		1,037,873				1,037,873	212,045	1,249,918	7
8		246,787				246,787	50,420	297,207	8
9		78,791				78,791	16,098	94,889	9
10		70,693				70,693	14,443	85,136	10
11		170,260				170,260	34,785	205,045	11
12		83,144				83,144	16,987	100,131	12
13		3,253				3,253	665	3,918	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24		4,600,774				4,600,774		4,600,774	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7259

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					-780,507	3,820,267	5
6 SKILLED NURSING CARE						2,129,466	6
7 PHYSICAL THERAPY						1,037,873	7
8 OCCUPATIONAL THERAPY						246,787	8
9 SPEECH PATHOLOGY						78,791	9
10 MEDICAL SOCIAL SERVICES						70,693	10
11 HOME HEALTH AIDE						170,260	11
12 SUPPLIES (SEE INSTRUCTIONS)						83,144	12
13 DRUGS						3,253	13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-780,507	3,820,267	24
25 COST TO BE ALLOC (PER W/S H)						780,507	25
26 UNIT COST MULTIPLIER						0.204307	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7259

WORKSHEET H-2
 PART I

HHA COST CENTER	PARAMED EDUCATION 23	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		350,587		350,587			1
2 SKILLED NURSING CARE		3,658,020		3,658,020	205,320	3,863,340	2
3 PHYSICAL THERAPY		1,561,746		1,561,746	87,658	1,649,404	3
4 OCCUPATIONAL THERAPY		371,354		371,354	20,843	392,197	4
5 SPEECH PATHOLOGY		118,562		118,562	6,655	125,217	5
6 MEDICAL SOCIAL SERVICES		121,051		121,051	6,794	127,845	6
7 HOME HEALTH AIDE		285,416		285,416	16,020	301,436	7
8 SUPPLIES		125,112		125,112	7,022	132,134	8
9 DRUGS		4,895		4,895	275	5,170	9
10 DME							10
11 HOME DIALYSIS AIDE SERVICES							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIES							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGRAM							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
20 TOTAL (SUM OF LINES 1-19)		6,596,743		6,596,743	350,587	6,596,743	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.					0.056128		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7259

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	PARKING SQUARE FEET 4.01	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6
1 ADMINISTRATIVE AND GENERAL		15,327		638,029			143,064	1
2 SKILLED NURSING CARE				1,816,846			2,927,636	2
3 PHYSICAL THERAPY							1,249,918	3
4 OCCUPATIONAL THERAPY							297,207	4
5 SPEECH PATHOLOGY							94,889	5
6 MEDICAL SOCIAL SERVICES				58,770			96,881	6
7 HOME HEALTH AIDE				116,999			228,428	7
8 SUPPLIES							100,131	8
9 DRUGS							3,918	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)		15,327		2,630,644			5,142,072	20
21 TOTAL COST TO BE ALLOCATED		15,551		525,747			1,282,839	21
22 UNIT COST MULTIPLIER							0.249479	22
22 UNIT COST MULTIPLIER		1.014615		0.199855				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7259

WORKSHEET H-2
 PART II

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	FTES	NUMBER HOUSED	DIRECT NRSING HRS	COSTED REQUIS.	
	7	8	9	10	11	12	13	14	
1 ADMINISTRATIVE AND GENERAL					4,819		4,819	83,144	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)					4,819		4,819	83,144	20
21 TOTAL COST TO BE ALLOCATED					50,113		113,663	6,434	21
22 UNIT COST MULTIPLIER					10.399045		23.586429		22
22 UNIT COST MULTIPLIER								0.077384	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7259

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
1	SKILLED NURSING CARE	2	3,863,340	2	3,863,340	27,394	141.03	1
2	PHYSICAL THERAPY	3	1,649,404		1,649,404	12,734	129.53	2
3	OCCUPATIONAL THERAPY	4	392,197		392,197	4,088	95.94	3
4	SPEECH PATHOLOGY	5	125,217		125,217	1,055	118.69	4
5	MEDICAL SOCIAL SERVICES	6	127,845		127,845	764	167.34	5
6	HOME HEALTH AIDE	7	301,436		301,436	5,209	57.87	6
7	TOTAL (SUM OF LINES 1-6)		6,459,439		6,459,439	51,244		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
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	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
15	COST OF MEDICAL SUPPLIES	8	132,134	2	132,134	107,886	1.224756	15
16	COST OF DRUGS	9	5,170		5,170			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7259

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

PATIENT SERVICES	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
1 SKILLED NURSING CARE	6 7,773	7 6,897	8	9 1,096,226	10 972,684	11	12 2,068,910
2 PHYSICAL THERAPY	4,401	3,093		570,062	400,636		970,698
3 OCCUPATIONAL THERAPY	1,550	970		148,707	93,062		241,769
4 SPEECH PATHOLOGY	419	200		49,731	23,738		73,469
5 MEDICAL SOCIAL SERVICES	205	158		34,305	26,440		60,745
6 HOME HEALTH AIDE	1,512	1,759		87,499	101,793		189,292
7 TOTAL (SUM OF LINES 1-6)	15,860	13,077		1,986,530	1,618,353		3,604,883

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1	2 37900	3 7,526	4 6,765
8.01 SKILLED NURSING CARE		99914	247	132
9 PHYSICAL THERAPY		37900	4,354	3,050
9.01 PHYSICAL THERAPY		99914	47	43
10 OCCUPATIONAL THERAPY		37900	1,533	951
10.01 OCCUPATIONAL THERAPY		99914	17	19
11 SPEECH PATHOLOGY		37900	408	200
11.01 SPEECH PATHOLOGY		99914	11	
12 MEDICAL SOCIAL SERVICES		37900	203	156
12.01 MEDICAL SOCIAL SERVICES		99914	2	2
13 HOME HEALTH AIDE		37900	1,472	1,736
13.01 HOME HEALTH AIDE		99914	40	23
14 TOTAL (SUM OF LINES 8-13)			15,860	13,077

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
15 COST OF MEDICAL SUPPLIES	6 47,384	7 60,502	8	9 58,034	10 74,100	11 15
16 COST OF DRUGS		27,138				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
1 PHYSICAL THERAPY	66	0.240073		COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3
3 SPEECH PATHOLOGY	68			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.088237		COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.227210		COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7259

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		27,138		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)		27,138		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)		27,138		7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1	SERVICES 2	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)					10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2,238,352		1,814,048		11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	24,675		18,371		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	23,305		29,235		13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10,839		8,010		14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8,436		4,248		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)	2,305,607		1,873,912		22
23 EXCESS REASONABLE COST (FROM LINE 8)					23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	2,305,607		1,873,912		24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
26 NET COST (LINE 24 MINUS LINE 25)	2,305,607		1,873,912		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)	2,305,607		1,873,912		29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	2,305,607		1,873,912		31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,305,607		1,873,912		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 PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1537

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	102,083	7,536			31,102	140,721	6
7 INPATIENT - GENERAL CARE	465,267	34,345				499,612	7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES					15,600	15,600	9
10 NURSING CARE			81,035	369,065		450,100	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	69,817	5,154				74,971	15
16 SPIRITUAL COUNSELING							16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	58,780	4,339				63,119	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					347,885	347,885	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					236,043	236,043	26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					24,038	24,038	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	101,526	7,494				109,020	35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	797,473	58,868	81,035	369,065	654,668	1,961,109	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1537

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		140,721	-12,661	128,060	6
7		499,612		499,612	7
8					8
9		15,600		15,600	9
10		450,100		450,100	10
11					11
12					12
13					13
14					14
15		74,971		74,971	15
16					16
17					17
18					18
19		63,119		63,119	19
20					20
21					21
22		347,885		347,885	22
23					23
24					24
25					25
26	-236,043				26
27					27
28					28
29					29
30		24,038		24,038	30
31					31
32					32
33					33
34					34
35		109,020		109,020	35
36					36
37					37
38					38
39	-472,086	1,725,066	-25,322	1,712,405	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1537

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							102,083	102,083
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE				465,267				465,267
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								8
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		69,817						69,817
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER						58,780		58,780
23	HH AIDE & HMKR-CONT.HME CARE								18
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.								21
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
40	BEREAVEMENT PROGRAM COSTS							101,526	101,526
41	VOLUNTEER PROGRAM COSTS								35
42	FUNDRAISING								36
43	OTHER PROGRAM COSTS								37
44	TOTAL (SUM OF LINES 1-38)		69,817		465,267		58,780	203,609	797,473

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1537

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							7,536	6
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE				34,345				8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								10
12	PHYSICIAN SERVICES								11
13	NURSING CARE								12
14	NURSING CARE-CONT.HOME CARE								13
15	PHYSICAL THERAPY								14
16	OCCUPATIONAL THERAPY								15
17	SPEECH/LANGUAGE PATHOLOGY								16
18	MEDICAL SOCIAL SERVICES			5,154					17
19	SPIRITUAL COUNSELING								18
20	DIETARY COUNSELING								19
21	COUNSELING - OTHER								20
22	HH AIDE AND HOMEMAKER						4,339		21
23	HH AIDE & HMKR-CONT.HME CARE								22
24	OTHER								23
25	OTHER HOSPICE SERVICE COSTS								24
26	DRUGS, BIOL. & INFUS. THER.								25
27	ANALGESICS								26
28	SEDATIVES / HYPNOTICS								27
29	OTHER - SPECIFY								28
30	DURABLE MED. EQUIP./OXYGEN								29
31	PATIENT TRANSPORTATION								30
32	IMAGING SERVICES								31
33	LABS AND DIAGNOSTICS								32
34	MEDICAL SUPPLIES								33
35	OUTPAT.SERV.(INCL.E/R DEPT.)								34
36	RADIATION THERAPY								35
37	CHEMOTHERAPY								36
38	OTHER								37
39	HOSPICE NONREIMBURSABLE SERVICE								38
40	BEREAVEMENT PROGRAM COSTS							7,494	39
41	VOLUNTEER PROGRAM COSTS								40
42	FUNDRAISING								41
43	OTHER PROGRAM COSTS								42
44	TOTAL (SUM OF LINES 1-38)			5,154		34,345	4,339	15,030	58,868

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1537 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								369,065
14	NURSING CARE-CONT.HOME CARE								369,065
15	PHYSICAL THERAPY								10
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								14
20	DIETARY COUNSELING								15
21	COUNSELING - OTHER								16
22	HH AIDE AND HOMEMAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								18
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.								21
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
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)								369,065
45									369,065
46									39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1537

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									
2	CAP REL COSTS-BLDG AND FIXT.									1
3	CAP REL COSTS-MOVABLE EQUIP.									2
4	PLANT OPERATION & MAINT.									3
5	TRANSPORTATION - STAFF									4
6	VOLUNTEER SERVICE COORD.									5
7	ADMINISTRATIVE AND GENERAL	128,060						128,060	128,060	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	499,612						499,612	40,382	539,994
10	INPATIENT - RESPITE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	15,600						15,600	1,261	16,861
13	NURSING CARE	450,100						450,100	36,381	486,481
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY									12
16	OCCUPATIONAL THERAPY									13
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES	74,971						74,971	6,060	81,031
19	SPIRITUAL COUNSELING									16
20	DIETARY COUNSELING									17
21	COUNSELING - OTHER									18
22	HH AIDE AND HOMEMAKER	63,119						63,119	5,102	68,221
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER									21
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	347,885						347,885	28,119	376,004
27	ANALGESICS									22
28	SEDATIVES / HYPNOTICS									23
29	OTHER - SPECIFY									24
30	DURABLE MED. EQUIP./OXYGEN									25
31	PATIENT TRANSPORTATION									26
32	IMAGING SERVICES									27
33	LABS AND DIAGNOSTICS									28
34	MEDICAL SUPPLIES	24,038						24,038	1,943	25,981
35	OUTPAT.SERV.(INCL.E/R DEPT.)									29
36	RADIATION THERAPY									30
37	CHEMOTHERAPY									31
38	OTHER									32
39	HOSPICE NONREIMBURSABLE SERV.									33
40	BEREAVEMENT PROGRAM COSTS	109,020						109,020	8,812	117,832
41	VOLUNTEER PROGRAM COSTS									35
42	FUNDRAISING									36
43	OTHER PROGRAM COSTS									37
44	TOTAL (SUM OF LINES 1-38)	1,712,405						1,712,405		1,712,405

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1537

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
1								1
2								2
3								3
4								4
5								5
6						-128,060	1,584,345	6
7								7
8							499,612	8
9								9
10							15,600	10
11							450,100	11
12								12
13								13
14								14
15								15
16							74,971	16
17								17
18								18
19							63,119	19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31							24,038	31
32								32
33								33
34								34
35								35
36								36
37								37
38								38
39								39
40							128,060	40
							0.080828	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION 23	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		252,146		252,146			1
2 INPATIENT - GENERAL CARE		790,896		790,896	86,210	877,106	2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES		21,067		21,067	2,296	23,363	4
5 NURSING CARE		607,848		607,848	66,255	674,103	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		118,681		118,681	12,936	131,617	10
11 SPIRITUAL COUNSELING							11
12 DIETARY COUNSELING							12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS		99,918		99,918	10,891	110,809	14
15 HH AIDE & HMKR-CONT. HOME C							15
16 OTHER							16
17 DRUGS,BIOLOGICALS & INFUSIO		469,809		469,809	51,209	521,018	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		32,463		32,463	3,538	36,001	25
26 OUTPAT. SERV.(INCL.E/R DEPT							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
30 BEREAVEMENT PROGRAM COSTS		172,581		172,581	18,811	191,392	30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTALS (SUM OF LINES 1-33)		2,565,409		2,565,409		2,565,409	34
35 UNIT COST MULTIPLIER					0.109000		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1537

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	PARKING SQUARE FEET 4.01	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6
1 ADMINISTRATIVE AND GENERAL		232		102,083			20,637	1
2 INPATIENT - GENERAL CARE				465,267			632,981	2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES							16,861	4
5 NURSING CARE							486,481	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				69,817			94,984	10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				58,780			79,968	14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO							376,004	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							25,981	25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS				101,526			138,122	30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		232		797,473			1,872,019	34
35 TOTAL COST TO BE ALLOCATED		235		159,379			467,029	35
36 UNIT COST MULTIPLIER		1.012931		0.199855			0.249479	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	FTES	NUMBER HOUSED	DIRECT NRSNG HRS	COSTED REQUIS.	
	7	8	9	10	11	12	13	14	
1 ADMINISTRATIVE AND GENERAL					1,502		1,502	24,038	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)					1,502		1,502	24,038	34
35 TOTAL COST TO BE ALLOCATED					15,620		35,427	1,860	35
36 UNIT COST MULTIPLIER					10.399467		23.586551	0.077377	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23
1 ADMINISTRATIVE AND GENERAL	347,884							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)	347,884							34
35 TOTAL COST TO BE ALLOCATED	173,454							35
36 UNIT COST MULTIPLIER	0.498597							36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1537

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	0.240073		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.227210		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.126151		6
6.01	NORTHSIDE LAB	60.01	7.445987		6.01
7	MEDICAL SUPPLIES	71	0.088237		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.169579		9
10	PSYCH - PARTIAL HOSPITALIZATION	76	0.521966		10
10.01	ENDOSCOPY	76.01	0.153131		10.01
10.97	CARDIAC REHABILITATION	76.97	0.612074		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.180742		10.98
10.99	LITHOTRIPSY	76.99	0.179042		10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/24/2012 11:06

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1537

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				2,565,409	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				3,549	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				722.85	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	3,549				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,565,395				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)					12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)					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	3,424,406	1
2	CAPITAL DRG OUTLIER PAYMENTS	86,867	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	137.53	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	27.48	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0580	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	198,616	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0453	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2621	8
9	SUM OF LINES 7 AND 8	0.3074	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0642	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	219,847	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,929,736	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
4.01						4.01
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
34						34
40						40
41						41
43						43
ANCILLARY SERVICE COST CENTERS						
50						50
52						52
53						53
53.01						53.01
54						54
54.01						54.01
54.02						54.02
54.03						54.03
54.04						54.04
54.05						54.05
55						55
56						56
56.01						56.01
57						57
57.01						57.01
58						58
58.01						58.01
60						60
60.01						60.01
62.30						62.30
65						65
66						66
70						70
71						71
73						73
74						74
76						76
76.01						76.01
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90						90
90.01						90.01
90.03						90.03
90.06						90.06
90.07						90.07
91						91
92						92
OTHER REIMBURSABLE COST CENTERS						
95						95
101						101
SPECIAL PURPOSE COST CENTERS						
113						113

PROVIDER CCN: 14-0209 METHODIST MEDICAL CTR OF ILLIN
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/24/2012 11:06

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	
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 HEARTLAND PHARMACY						194
194.01 FOUNDATION						194.01
194.02 WELLNESS CENTER						194.02
194.05 OTHER NON-REIMBURSABLE						194.05
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	46.58						46.58 30
31 INTENSIVE CARE UNIT	51.63						51.63 31
34 SURGICAL INTENSIVE CARE UNIT	61.38						61.38 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	30.92	13.09					44.01 50
52 DELIVERY ROOM & LABOR ROOM	0.35	0.03					0.38 52
53 ANESTHESIOLOGY	17.35	12.28					29.63 53
53.01 PAIN CLINIC	0.42	33.14					33.56 53.01
54 RADIOLOGY-DIAGNOSTIC	18.57	21.99					40.56 54
54.01 NORTHSIDE IMAGING		38.27					38.27 54.01
54.02 NORTHSIDE MAMMOGRAPHY		40.53					40.53 54.02
54.03 NORTHSIDE ULTRASOUND		24.38					24.38 54.03
55 RADIOLOGY-THERAPEUTIC	2.28	28.69					30.97 55
56 RADIOISOTOPE		25.71					25.71 56
56.01 PET SCANNING		37.97					37.97 56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	18.57	21.57					40.14 57
57.01 NORTHSIDE CT		34.21					34.21 57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	18.57	17.83					36.40 58
58.01 NORTHSIDE MRI		22.00					22.00 58.01
60 LABORATORY	18.46	1.49					19.95 60
65 RESPIRATORY THERAPY	49.34	10.56					59.90 65
66 PHYSICAL THERAPY	24.68	0.02					24.70 66
70 ELECTROENCEPHALOGRAPHY	2.78	22.22					25.00 70
71 MEDICAL SUPPLIES CHRGED TO PATI	73.20	13.79					86.99 71
73 DRUGS CHARGED TO PATIENTS	36.77	10.08					46.85 73
74 RENAL DIALYSIS	41.25						41.25 74
76 PSYCH - PARTIAL HOSPITALIZATION		1.28					1.28 76
76.01 ENDOSCOPY	19.77	14.63					34.40 76.01
76.97 CARDIAC REHABILITATION		58.52					58.52 76.97
76.98 HYPERBARIC OXYGEN THERAPY		12.51					12.51 76.98
76.99 LITHOTRIPSY	1.66	14.94					16.60 76.99
90.06 DIABETIC CARE CENTER	0.39						0.39 90.06
90.07 WOUND CARE CENTER	3.05	13.15					16.20 90.07
91 EMERGENCY	11.79	11.82					23.61 91
92 OBSERVATION BEDS		20.87					20.87 92
200 TOTAL CHARGES	21.21	11.45					32.66 200

***** 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	29.08						29.08 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
53 ANESTHESIOLOGY	0.05						0.05 53
53.01 PAIN CLINIC	0.01						0.01 53.01
54 RADIOLOGY-DIAGNOSTIC	0.14						0.14 54
56 RADIOISOTOPE	0.03						0.03 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.16						0.16 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.04						0.04 58
60 LABORATORY	0.40						0.40 60
65 RESPIRATORY THERAPY	0.50						0.50 65
66 PHYSICAL THERAPY	0.29						0.29 66
70 ELECTROENCEPHALOGRAPHY	0.08						0.08 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.36						0.36 71
73 DRUGS CHARGED TO PATIENTS	1.06						1.06 73
76 PSYCH - PARTIAL HOSPITALIZATION	2.90						2.90 76
76.01 ENDOSCOPY	0.12						0.12 76.01
76.97 CARDIAC REHABILITATION	0.04						0.04 76.97
90 CLINIC	0.01						0.01 90
91 EMERGENCY	0.73						0.73 91
200 TOTAL CHARGES	0.22						0.22 200

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

SUBPROVIDER-IRF

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							
41 SUBPROVIDER - IRF	76.20		8.45				84.65 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.08						0.08 50
53 ANESTHESIOLOGY	0.11						0.11 53
54 RADIOLOGY-DIAGNOSTIC	1.79						1.79 54
55 RADIOLOGY-THERAPEUTIC	0.46						0.46 55
60 LABORATORY	1.28						1.28 60
65 RESPIRATORY THERAPY	3.50						3.50 65
66 PHYSICAL THERAPY	40.02						40.02 66
70 ELECTROENCEPHALOGRAPHY	0.09						0.09 70
71 MEDICAL SUPPLIES CHRGED TO PATI	9.19						9.19 71
73 DRUGS CHARGED TO PATIENTS	2.61						2.61 73
74 RENAL DIALYSIS	6.01						6.01 74
76.01 ENDOSCOPY	0.61						0.61 76.01
90.07 WOUND CARE CENTER	0.71						0.71 90.07
91 EMERGENCY	0.04						0.04 91
200 TOTAL CHARGES	1.34						1.34 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	7,940,334	2.93	-7,940,334	-6.35			1
2	CAP REL COSTS-MVBLE EQUIP	11,905,701	4.39	-11,905,701	-9.52			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	26,279,656	9.70	-26,279,656	-21.01			4
4.01	PARKING							4.01
5	ADMINISTRATIVE & GENERAL	47,779,025	17.63	-47,779,025	-38.20			5
6	MAINTENANCE & REPAIRS	7,217,319	2.66	-7,217,319	-5.77			6
7	OPERATION OF PLANT	4,832,083	1.78	-4,832,083	-3.86			7
8	LAUNDRY & LINEN SERVICE	1,089,203	0.40	-1,089,203	-0.87			8
9	HOUSEKEEPING	2,767,397	1.02	-2,767,397	-2.21			9
10	DIETARY	2,232,720	0.82	-2,232,720	-1.79			10
11	CAFETERIA	678,050	0.25	-678,050	-0.54			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,781,234	0.66	-1,781,234	-1.42			13
14	CENTRAL SERVICES & SUPPLY	627,277	0.23	-627,277	-0.50			14
15	PHARMACY	3,350,713	1.24	-3,350,713	-2.68			15
16	MEDICAL RECORDS & LIBRARY	1,900,985	0.70	-1,900,985	-1.52			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP	4,328,409	1.60	-4,328,409	-3.46			21
22	I&R SRVCES-OTHER PRGM COSTS APP	352,154	0.13	-352,154	-0.28			22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	16,956,588	6.26	24,907,776	19.92	41,864,364	15.45	30
31	INTENSIVE CARE UNIT	2,201,791	0.81	2,739,990	2.19	4,941,781	1.82	31
34	SURGICAL INTENSIVE CARE UNIT	1,982,145	0.73	2,101,154	1.68	4,083,299	1.51	34
40	SUBPROVIDER - IPF	3,707,060	1.37	5,030,118	4.02	8,737,178	3.22	40
41	SUBPROVIDER - IRF	2,880,926	1.06	3,174,918	2.54	6,055,844	2.23	41
43	NURSERY	1,188,520	0.44	949,944	0.76	2,138,464	0.79	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	36,952,209	13.63	22,686,806	18.14	59,639,015	22.01	50
52	DELIVERY ROOM & LABOR ROOM	2,249,529	0.83	2,420,706	1.94	4,670,235	1.72	52
53	ANESTHESIOLOGY	1,181,231	0.44	1,918,340	1.53	3,099,571	1.14	53
53.01	PAIN CLINIC	674,071	0.25	629,521	0.50	1,303,592	0.48	53.01
54	RADIOLOGY-DIAGNOSTIC	4,668,959	1.72	6,099,097	4.88	10,768,056	3.97	54
54.01	NORTHSIDE IMAGING	266,779	0.10	227,409	0.18	494,188	0.18	54.01
54.02	NORTHSIDE MAMMOGRAPHY	205,309	0.08	171,095	0.14	376,404	0.14	54.02
54.03	NORTHSIDE ULTRASOUND	222,931	0.08	174,198	0.14	397,129	0.15	54.03
54.04	NORTHSIDE RADIO	74,711	0.03	68,299	0.05	143,010	0.05	54.04
54.05	NORTHSIDE ADMIN							54.05
55	RADIOLOGY-THERAPEUTIC	1,127,161	0.42	1,634,957	1.31	2,762,118	1.02	55
56	RADIOISOTOPE	1,080,653	0.40	827,762	0.66	1,908,415	0.70	56
56.01	PET SCANNING	598,214	0.22	655,097	0.52	1,253,311	0.46	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	873,957	0.32	507,937	0.41	1,381,894	0.51	57
57.01	NORTHSIDE CT	528,220	0.19	284,173	0.23	812,393	0.30	57.01
58	MAGNETIC RESONANCE IMAGING (MRI)	492,930	0.18	776,523	0.62	1,269,453	0.47	58
58.01	NORTHSIDE MRI	375,253	0.14	842,619	0.67	1,217,872	0.45	58.01
60	LABORATORY	12,394,091	4.57	5,806,625	4.64	18,200,716	6.72	60
60.01	NORTHSIDE LAB	550,523	0.20	542,198	0.43	1,092,721	0.40	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,489,438	0.55	1,052,781	0.84	2,542,219	0.94	65
66	PHYSICAL THERAPY	2,731,014	1.01	1,062,559	0.85	3,793,573	1.40	66
70	ELECTROENCEPHALOGRAPHY	537,858	0.20	342,094	0.27	879,952	0.32	70
71	MEDICAL SUPPLIES CHRGED TO PATI	511,480	0.19	157,199	0.13	668,679	0.25	71
73	DRUGS CHARGED TO PATIENTS	6,727,447	2.48	4,937,195	3.95	11,664,642	4.30	73
74	RENAL DIALYSIS	261,414	0.10	237,192	0.19	498,606	0.18	74
76	PSYCH - PARTIAL HOSPITALIZATION	281,720	0.10	509,809	0.41	791,529	0.29	76
76.01	ENDOSCOPY	907,459	0.33	1,154,610	0.92	2,062,069	0.76	76.01
76.97	CARDIAC REHABILITATION	269,629	0.10	147,788	0.12	417,417	0.15	76.97
76.98	HYPERBARIC OXYGEN THERAPY	742,689	0.27	260,437	0.21	1,003,126	0.37	76.98
76.99	LITHOTRIPSY	115,055	0.04	28,704	0.02	143,759	0.05	76.99
90	CLINIC	1,250,906	0.46	2,483,333	1.99	3,734,239	1.38	90
90.01	CHILLI FAMILY PHYSICIANS	1,315,995	0.49	604,188	0.48	1,920,183	0.71	90.01
90.03	PHYSICIAN OFFICES	17,133,039	6.32	15,167,308	12.13	32,300,347	11.92	90.03
90.06	DIABETIC CARE CENTER	180,068	0.07	101,292	0.08	281,360	0.10	90.06
90.07	WOUND CARE CENTER	328,643	0.12	303,837	0.24	632,480	0.23	90.07
91	EMERGENCY	4,995,507	1.84	4,985,241	3.99	9,980,748	3.68	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES							95
OUTPATIENT SERVICE COST CENTERS								
101	HOME HEALTH AGENCY	4,600,774	1.70	1,995,969	1.60	6,596,743	2.43	101
SPECIAL PURPOSE COST CENTERS								
116	HOSPICE	1,712,405	0.63	853,004	0.68	2,565,409	0.95	116
NONREIMBURSABLE COST CENTERS								
191	RESEARCH	755,544	0.28	531,244	0.42	1,286,788	0.47	191

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
192	PHYSICIANS' PRIVATE OFFICES	467		26,735	0.02	27,202	0.01	192
193	NONPAID WORKERS	2,592,298	0.96	921,820	0.74	3,514,118	1.30	193
194	HEARTLAND PHARMACY	860		17,714	0.01	18,574	0.01	194
194.01	FOUNDATION	199		8,220	0.01	8,419		194.01
194.02	WELLNESS CENTER	575,312	0.21	492,640	0.39	1,067,952	0.39	194.02
194.05	OTHER NON-REIMBURSABLE	2,506,023	0.92	1,502,085	1.20	4,008,108	1.48	194.05
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	271,019,264	100.00			271,019,264	100.00	202

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	4,290,203	287,679,632	0.014913	88,949,739	1,326,507	50
52 DELIVERY ROOM & LABOR ROOM	342,287	10,993,359	0.031136	38,776	1,207	52
53 ANESTHESIOLOGY	190,440	41,423,453	0.004597	7,188,762	33,047	53
53.01 PAIN CLINIC	241,164	4,508,733	0.053488	18,720	1,001	53.01
54 RADIOLOGY-DIAGNOSTIC	2,150,322	44,749,553	0.048052	8,307,768	399,205	54
54.01 NORTHSIDE IMAGING	137,330	880,824	0.155911			54.01
54.02 NORTHSIDE MAMMOGRAPHY	101,518	639,646	0.158710			54.02
54.03 NORTHSIDE ULTRASOUND	94,174	1,677,939	0.056125			54.03
54.04 NORTHSIDE CARDIO	41,330	949,560	0.043525			54.04
54.05 NORTHSIDE ADMIN						54.05
55 RADIOLOGY-THERAPEUTIC	801,296	16,288,064	0.049195	370,563	18,230	55
56 RADIOISOTOPE	315,539	8,153,626	0.038699			56
56.01 PET SCANNING	524,501	5,353,877	0.097967			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	128,391	58,728,988	0.002186	10,903,055	23,834	57
57.01 NORTHSIDE CT	384,917	4,557,314	0.084461			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	422,958	19,924,885	0.021228	3,699,061	78,524	58
58.01 NORTHSIDE MRI	605,981	8,021,616	0.075544			58.01
60 LABORATORY	1,074,238	144,277,357	0.007446	26,629,593	198,284	60
60.01 NORTHSIDE LAB	366,747	146,753	2.499077			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	191,716	29,429,849	0.006514	14,519,291	94,579	65
66 PHYSICAL THERAPY	239,875	15,801,721	0.015180	3,900,493	59,209	66
70 ELECTROENCEPHALOGRAPHY	57,561	7,703,111	0.007472	213,874	1,598	70
71 MEDICAL SUPPLIES CHRGED TO PATI	12,393	7,578,222	0.001635	5,546,887	9,069	71
73 DRUGS CHARGED TO PATIENTS	236,487	51,338,690	0.004606	18,879,728	86,960	73
74 RENAL DIALYSIS	42,446	1,357,772	0.031262	560,051	17,508	74
76 PSYCH - PARTIAL HOSPITALIZATION	107,049	1,516,438	0.070592			76
76.01 ENDOSCOPY	386,335	13,039,030	0.029629	2,578,259	76,391	76.01
76.97 CARDIAC REHABILITATION	38,037	681,972	0.055775			76.97
76.98 HYPERBARIC OXYGEN THERAPY	14,835	5,550,058	0.002673			76.98
76.99 LITHOTRIPSY	1,956	802,936	0.002436	13,325	32	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	144,568	6,028,989	0.023979			90
90.01 CHILLI FAMILY PHYSICIANS	333,739	3,540,481	0.094264			90.01
90.03 PHYSICIAN OFFICES	2,523,203	72,201,889	0.034946			90.03
90.06 DIABETIC CARE CENTER	22,282	346,011	0.064397	1,338	86	90.06
90.07 WOUND CARE CENTER	72,790	3,359,703	0.021666	102,506	2,221	90.07
91 EMERGENCY	535,903	57,773,097	0.009276	6,811,571	63,184	91
92 OBSERVATION BEDS	173,790	2,256,540	0.077016			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL	17,348,301	939,261,688		199,233,360	2,490,676	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				
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT	
	1	2	COST	4	5	DAYS	PPS CAPITAL	
			3			6	COSTS	
							7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	2,802,407		2,802,407	46,070	60.83	21,459	1,305,351	30
31 INTENSIVE CARE UNIT	299,996		299,996	2,981	100.64	1,539	154,885	31
34 SURGICAL INTENSIVE CARE UNIT	277,764		277,764	2,939	94.51	1,804	170,496	34
200 TOTAL	3,380,167		3,380,167	51,990		24,802	1,630,732	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,630,732	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,490,676	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4,121,408	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							5,646	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							24,802	
PER DISCHARGE CAPITAL COSTS							729.97	
PER DIEM CAPITAL COSTS							166.17	

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)	50,912,268
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	241,499,035
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.211

COST TO CHARGE RATIO FOR REHAB 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))	6,988,274
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	17,044,962
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.410

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))	2,800,911
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	8,172,858
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.343

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)	4,121,408
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.017

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 (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	18,558,764
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)	107,476,091
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.173