

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CENTRAL DUPAGE HOSPITAL (14-0242) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-428,518	298,746		1
2 SUBPROVIDER - IPF		5,278			2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-423,240	298,746		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: 0 NORTH 025 WINFIELD ROAD P.O.BOX: 1
 2 CITY: WINFIELD STATE: IL ZIP CODE: 60190 COUNTY: DUPAGE 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	CENTRAL DUPAGE HOSPITAL	14-0242	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	CENTRAL DUPAGE HOSPITAL PSYCH	14-S242	16974	4	07/01/1985	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

		1	2
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.	N	N 22
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	1	N 23

	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.	10,768				9	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:			ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:			ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 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	N 46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
		Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
INPATIENT PSYCHIATRIC FACILITY PPS						
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 70	
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71	
INPATIENT REHABILITATION FACILITY PPS						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 75	
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76	
LONG TERM CARE HOSPITAL PPS						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80	
TEFRA PROVIDERS						
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85	
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86	
TITLE V AND XIX INPATIENT SERVICES						
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				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 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	RESPI- RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 148052 140
-----	--	--------	-----------------

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: CENTRAL DUPAGE HEALTH	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 27 WEST 353 JEWELL ROAD	P.O. BOX:		142
143	CITY: WINFIELD	STATE: IL	ZIP CODE: 60190	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 N	2 N 155
156 SUBPROVIDER - IPF		N	N 156
157 SUBPROVIDER - IRF		N	N 157
158 SUBPROVIDER - (OTHER)		N	N 158
159 SNF		N	N 159
160 HHA		N	N 160
161 CMHC			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'),		168

169 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.
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	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
		1	2	3
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
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	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N
			1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	10/24/2011	Y	10/24/2011
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEF 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 AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A			INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TOTAL			
		NO. OF	BED DAYS	CAH	TITLE	TITLE	ALL	
		BEDS AVAILABLE	HOURS	TITLE V	XVIII	XIX	PATIENTS	
1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	273	99,645		26,010	7,227	64,931	1
2	HMO				589	9		2
3	HMO IPF							3
4	HMO IRF							4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF							5
6	HOSPITAL ADULTS & PEDS. SWING BED NF							6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)	273	99,645		26,010	7,227	64,931	7
8	INTENSIVE CARE UNIT	31	22	8,030	2,040	795	5,897	8
9	CORONARY CARE UNIT	32	16	5,840	2,127	250	4,294	9
10	BURN INTENSIVE CARE UNIT	33						10
11	SURGICAL INTENSIVE CARE UNIT	34						11
12	OTHER SPECIAL CARE (SPECIFY)	35						12
13	NURSERY	43				2,496	12,891	13
14	TOTAL (SEE INSTRUCTIONS)	311	113,515		30,177	10,768	88,013	14
15	CAH VISITS							15
16	SUBPROVIDER - IPF	40	15	5,475	1,231	604	5,028	16
17	SUBPROVIDER - IRF	41						17
18	SUBPROVIDER I	42						18
19	SKILLED NURSING FACILITY	44						19
20	NURSING FACILITY	45						20
21	OTHER LONG TERM CARE	46						21
22	HOME HEALTH AGENCY	101						22
23	ASC (DISTINCT PART)	115						23
24	HOSPICE (DISTINCT PART)	116						24
25	CMHC	99						25
26	RHC	88						26
27	TOTAL (SUM OF LINES 14-26)	326						27
28	OBSERVATION BED DAYS						6,184	28
29	AMBULANCE TRIPS							29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)							30
31	EMPLOYEE DISCOUNT DAYS-IRF							31
32	LABOR & DELIVERY DAYS (SEE INSTR.)						1,816	32
33	LTCH NON-COVERED DAYS							33

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	174,401,502	174,401,502	5,568,504.45	31.32	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A		414,717	414,717	4,635.00	89.48	4	
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01	
5	PHYSICIAN-PART B		5,470,259	5,470,259	48,088.00	113.76	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,846,628	2,846,628	98,704.00	28.84	10	
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,051,695	1,051,695	18,143.00	57.97	11	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A		285,829	285,829	1,492.00	191.57	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		29,499,908	29,499,908	347,906.00	84.79	14	
15	HOME OFFICE: PHYSICIAN-PART A						15	
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		41,777,592	41,777,592			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		677,008	677,008			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A		98,631	98,631			22	
23	PHYSICIAN PART B		1,300,982	1,300,982			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS						26	
27	ADMINISTRATIVE & GENERAL		28,097,558	28,097,558	718,200.00	39.12	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,333,353	1,333,353	3,350.02	398.01	28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		2,560,492	2,560,492	159,931.00	16.01	30	
31	LAUNDRY & LINEN SERVICE		206,008	206,008	16,074.00	12.82	31	
32	HOUSEKEEPING		3,263,871	3,263,871	248,242.00	13.15	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		1,758,376	-1,139,089	619,287	60,595.00	10.22	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35	
36	CAFETERIA			1,139,089	111,471.00	10.22	36	
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		2,503,133	2,503,133	54,704.00	45.76	38	
39	CENTRAL SERVICES AND SUPPLY		1,904,133	1,904,133	118,579.00	16.06	39	
40	PHARMACY		4,801,327	4,801,327	114,209.00	42.04	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,937,162	2,937,162	129,063.00	22.76	41	
42	SOCIAL SERVICE						42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	170,264,596		170,264,596	5,523,766.4	30.82	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,846,628		2,846,628	98,704.00	28.84	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	167,417,968		167,417,968	5,425,062.4	30.86	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	30,837,432		30,837,432	367,541.00	83.90	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	41,876,223		41,876,223		25.01%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	240,131,623		240,131,623	5,792,603.4	41.45	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	49,365,413		49,365,413	1,734,418.0	28.46	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,489,198	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	6,088,087	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	14,378,600	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,164,661	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	118,543	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	434,002	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,433,737	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	11,501,639	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	491,289	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	1,377,836	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	41,477,592	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
---	--	----

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,070,724	1
2	HOSPITAL	1,051,695	2
3	SUBPROVIDER - IPF	19,029	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTIC		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 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)				0.224046	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				22,560,777	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				191,840,438	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				42,981,083	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				20,420,306	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)				20,420,306	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	58,370,033	62,480,652	120,850,685		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,077,572	13,998,540	27,076,112		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	690,823	33,125,060	33,815,883		22
23	COST OF CHARITY CARE	12,386,749	-19,126,520	-6,739,771		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					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)				46,979,303	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				573,963	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				46,405,340	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				10,396,931	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				3,657,160	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				24,077,466	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				26,575,268	1
2	00200				19,891,647	2
3	00300					3
4	00400		593,114	593,114	28,494,403	4
5.10	00541	1,175,229	1,583,498	2,758,727	-278,189	5.10
5.30	00561	786,068	2,638,008	3,424,076	-1,698,214	5.30
5.40	00571	1,852,530	548,921	2,401,451	-346,931	5.40
5.50	00581	2,240,575	3,744,876	5,985,451	-500,003	5.50
5.60	00590	22,043,156	96,614,999	118,658,155	-28,483,017	5.60
6	00600					6
7	00700	2,560,492	20,918,653	23,479,145	-1,756,907	7
8	00800	206,008	4,125	210,133	-52,728	8
9	00900	3,263,871	1,392,412	4,656,283	-604,616	9
10	01000	1,758,376	4,165,266	5,923,642	-4,185,804	10
11	01100				3,760,501	11
12	01200					12
13	01300	2,503,133	1,927,949	4,431,082	-1,249,467	13
14	01400	1,904,133	2,124,159	4,028,292	-1,510,694	14
15	01500	4,801,327	19,325,938	24,127,265	-18,673,594	15
16	01600	2,937,162	1,508,375	4,445,537	-632,300	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	30,390,267	19,386,438	49,776,705	-9,840,301	30
31	03100	5,417,135	2,861,589	8,278,724	-1,510,619	31
32	03200	3,501,924	1,662,948	5,164,872	-923,645	32
40	04000	2,330,996	1,119,205	3,450,201	-462,120	40
43	04300	3,654,108	1,320,959	4,975,067	826,653	43
ANCILLARY SERVICE COST CENTERS						
50	05000	10,520,628	45,977,263	56,497,891	-41,702,111	50
51	05100	2,904,791	1,096,871	4,001,662	-806,353	51
52	05200	5,031,948	3,523,735	8,555,683	-1,322,134	52
53	05300	165,733	2,012,445	2,178,178	-1,265,588	53
54	05400	4,512,372	3,411,717	7,924,089	-2,362,190	54
55	05500	1,740,850	4,119,798	5,860,648	-1,287,687	55
56	05600	461,025	846,654	1,307,679	-108,351	56
57	05700	1,059,558	1,674,670	2,734,228	-922,235	57
58	05800	931,009	1,468,847	2,399,856	-1,083,036	58
60	06000	15,399,048	23,124,010	38,523,058	-4,029,340	60
62	06200	691,784	2,821,287	3,513,071	-141,135	62
62.30	06250					62.30
65	06500	2,287,558	1,086,450	3,374,008	-750,219	65
66	06600	2,490,228	914,842	3,405,070	-550,784	66
67	06700	644,286	186,420	830,706	-125,197	67
68	06800	551,966	153,411	705,377	-108,148	68
69	06900	7,724,826	22,120,718	29,845,544	-15,578,226	69
70	07000	918,837	599,195	1,518,032	-315,796	70
71	07100				23,665,191	71
72	07200				29,681,169	72
73	07300				17,529,088	73
74	07400		416,659	416,659		74
75.01	03160	389,974	272,504	662,478	-80,535	75.01
75.02	03950					75.02
75.03	03951					75.03
75.04	03952	264,251	145,083	409,334	-100,443	75.04
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	12,002,152	6,580,462	18,582,614	-2,498,036	90
90.01	09001	1,227,208	695,987	1,923,195	-397,049	90.01
90.02	04951	464,182	174,056	638,238	-94,335	90.02
90.03	04952					90.03
90.04	04950	516,898	183,604	700,502	1,184,593	90.04
90.05	09002	288,983	141,616	430,599	-53,978	90.05
91	09100	7,369,285	5,019,334	12,388,619	-3,121,440	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40

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	SPECIAL PURPOSE COST CENTERS					
	SUBTOTALS (SUM OF LINES 1-117)	173,885,870	312,209,070	486,094,940	95,018	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		19	19		190
190.01	19001 KOFEE KORNER					190.01
191	19100 RESEARCH	366,724	75,441	442,165	-67,101	191
192.01	19201 WSKF					192.01
193.01	19301 DEVELOPMENT					193.01
193.02	19302 MARKETING					193.02
193.04	19303 PHYSICIAN ANSWERING SERVICE					193.04
193.05	19304 CAR SEAT SAFETY PROGRAM					193.05
193.07	19305 JOINT VENTURE					193.07
193.08	19306 PARKINSONS CENTER	148,908	-89,026	59,882	-27,917	193.08
200	TOTAL (SUM OF LINES 118-199)	174,401,502	312,195,504	486,597,006		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	26,575,268		26,575,268	1
2	00200	CAP REL COSTS-MVBLE EQUIP	19,891,647	2,561,360	22,453,007	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	29,087,517	-1,300,982	27,786,535	4
5.10	00541	NON PATIENT TELEPHONES	2,480,538	-828,017	1,652,521	5.10
5.30	00561	PURCHASING AND STORES	1,725,862	-4,152	1,721,710	5.30
5.40	00571	ADMITTING	2,054,520		2,054,520	5.40
5.50	00581	ACCOUNTS RECEIVABLE AND CASHIERS	5,485,448		5,485,448	5.50
5.60	00590	ADMINISTRATION & GENERAL	90,175,138	-15,765,297	74,409,841	5.60
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	21,722,238	-24,712	21,697,526	7
8	00800	LAUNDRY & LINEN SERVICE	157,405		157,405	8
9	00900	HOUSEKEEPING	4,051,667	-1,250	4,050,417	9
10	01000	DIETARY	1,737,838	-79,981	1,657,857	10
11	01100	CAFETERIA	3,760,501	-2,735,068	1,025,433	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,181,615	-4,963	3,176,652	13
14	01400	CENTRAL SERVICES & SUPPLY	2,517,598		2,517,598	14
15	01500	PHARMACY	5,453,671		5,453,671	15
16	01600	MEDICAL RECORDS & LIBRARY	3,813,237	-21,094	3,792,143	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	39,936,404	-5,760,235	34,176,169	30
31	03100	INTENSIVE CARE UNIT	6,768,105	-580,315	6,187,790	31
32	03200	CORONARY CARE UNIT	4,241,227		4,241,227	32
40	04000	SUBPROVIDER - IPF	2,988,081	-634,722	2,353,359	40
43	04300	NURSERY	5,801,720		5,801,720	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	14,795,780	-120,003	14,675,777	50
51	05100	RECOVERY ROOM	3,195,309		3,195,309	51
52	05200	DELIVERY ROOM & LABOR ROOM	7,233,549	-1,234,926	5,998,623	52
53	05300	ANESTHESIOLOGY	912,590	-94,500	818,090	53
54	05400	RADIOLOGY-DIAGNOSTIC	5,561,899	-225,708	5,336,191	54
55	05500	RADIOLOGY-THERAPEUTIC	4,572,961	-75,712	4,497,249	55
56	05600	RADIOISOTOPE	1,199,328	-266,992	932,336	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,811,993	-72,398	1,739,595	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,316,820		1,316,820	58
60	06000	LABORATORY	34,493,718	-11,011,219	23,482,499	60
62	06200	WHOLE BLOOD & PCKD RED BLOOD CELLS	3,371,936		3,371,936	62
62.30	06250	BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65	06500	RESPIRATORY THERAPY	2,623,789	-6,351	2,617,438	65
66	06600	PHYSICAL THERAPY	2,854,286	-1,932	2,852,354	66
67	06700	OCCUPATIONAL THERAPY	705,509	-3,660	701,849	67
68	06800	SPEECH PATHOLOGY	597,229		597,229	68
69	06900	ELECTROCARDIOLOGY	14,267,318	-5,808,414	8,458,904	69
70	07000	ELECTROENCEPHALOGRAPHY	1,202,236	-4,100	1,198,136	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	23,665,191		23,665,191	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	29,681,169		29,681,169	72
73	07300	DRUGS CHARGED TO PATIENTS	17,529,088		17,529,088	73
74	07400	RENAL DIALYSIS	416,659	-416,659		74
75.01	03160	CARDIAC REHAB	581,943	-16,355	565,588	75.01
75.02	03950	SLEEP LAB				75.02
75.03	03951	INPATIENT DIALYSIS				75.03
75.04	03952	PAIN MANAGEMENT	308,891		308,891	75.04
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	16,084,578	-6,199,630	9,884,948	90
90.01	09001	PATIENT TREATMENT CENTER	1,526,146	-108,149	1,417,997	90.01
90.02	04951	REHAB SERVICES-BLOOMINGDALE	543,903	-1,964	541,939	90.02
90.03	04952	CANTERA				90.03
90.04	04950	MENTAL HEALTH O/P	1,885,095	-96,194	1,788,901	90.04
90.05	09002	WOMEN'S CLINIC	376,621		376,621	90.05
91	09100	EMERGENCY	9,267,179	-959,661	8,307,518	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40

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	
118	SPECIAL PURPOSE COST CENTERS				118
	SUBTOTALS (SUM OF LINES 1-117)	486,189,958	-51,903,955	434,286,003	
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19		19	190
190.01	19001 KOFEE KORNER				190.01
191	19100 RESEARCH	375,064		375,064	191
192.01	19201 WSKF				192.01
193.01	19301 DEVELOPMENT				193.01
193.02	19302 MARKETING				193.02
193.04	19303 PHYSICIAN ANSWERING SERVICE				193.04
193.05	19304 CAR SEAT SAFETY PROGRAM				193.05
193.07	19305 JOINT VENTURE				193.07
193.08	19306 PARKINSONS CENTER	31,965		31,965	193.08
200	TOTAL (SUM OF LINES 118-199)	486,597,006	-51,903,955	434,693,051	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		25,845,978	1
2		CAP REL COSTS-MVBLE EQUIP	2		17,557,077	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
500 TOTAL RECLASSIFICATIONS					43,403,055	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
1	2	3	4	5		
1 SUPPLIES	B	MEDICAL SUPPLIES CHRGED TO PA	71		23,665,191	1
2		IMPL. DEV. CHARGED TO PATIENT	72		29,681,169	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
500 TOTAL RECLASSIFICATIONS					53,346,360	500
CODE LETTER - B						
1 CAFETERIA	C	CAFETERIA	11	1,139,089	2,621,412	1
500 TOTAL RECLASSIFICATIONS				1,139,089	2,621,412	500
CODE LETTER - C						
1 DRUGS	D	DRUGS CHARGED TO PATIENTS	73		17,529,088	1
2						2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS					17,529,088	500
CODE LETTER - D						
1 INSURANCE	E	CAP REL COSTS-BLDG & FIXT	1		729,290	1
500 TOTAL RECLASSIFICATIONS					729,290	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 RENTALS	F	CAP REL COSTS-MVBLE EQUIP	2		2,334,570
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
500 TOTAL RECLASSIFICATIONS					2,334,570
CODE LETTER - F					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE			-----	
		COST	CENTER	LINE #	SALARY	OTHER		
	1	2	2	3	4	5		
1 ALLOCATED BENEFITS	G	EMPLOYEE BENEFITS		4		28,494,403	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
24							24	
25							25	
26							26	
27							27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							33	
34							34	
35							35	
36							36	
37							37	
38							38	
39							39	
40							40	
41							41	
42							42	
43							43	
44							44	
45							45	
500 TOTAL RECLASSIFICATIONS						28,494,403	500	
CODE LETTER - G								
1 BHS CHEMICAL DEPENDENCY	H	MENTAL HEALTH O/P		90.04	927,151	348,503	1	
500 TOTAL RECLASSIFICATIONS					927,151	348,503	500	
CODE LETTER - H								
1 NURSERY	I	NURSERY		43	1,215,901	477,102	1	
500 TOTAL RECLASSIFICATIONS					1,215,901	477,102	500	
CODE LETTER - I								
GRAND TOTAL (INCREASES)					3,282,141	149,283,783		

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 DEPRECIATION	A	NON PATIENT TELEPHONES	5.10		43,794	9 1
2		PURCHASING AND STORES	5.30		93,213	9 2
3		ADMITTING	5.40		21,657	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		109,269	4
5		ADMINISTRATION & GENERAL	5.60		25,770,250	5
6		OPERATION OF PLANT	7		1,309,408	6
7		LAUNDRY & LINEN SERVICE	8		16,793	7
8		HOUSEKEEPING	9		29,176	8
9		DIETARY	10		116,471	9
10		NURSING ADMINISTRATION	13		775,182	10
11		CENTRAL SERVICES & SUPPLY	14		374,755	11
12		PHARMACY	15		279,921	12
13		MEDICAL RECORDS & LIBRARY	16		119,918	13
14		ADULTS & PEDIATRICS	30		605,509	14
15		INTENSIVE CARE UNIT	31		149,288	15
16		CORONARY CARE UNIT	32		50,961	16
17		SUBPROVIDER - IPF	40		53,858	17
18		NURSERY	43		74,887	18
19		OPERATING ROOM	50		3,913,607	19
20		RECOVERY ROOM	51		19,808	20
21		DELIVERY ROOM & LABOR ROOM	52		174,152	21
22		ANESTHESIOLOGY	53		337,486	22
23		RADIOLOGY-DIAGNOSTIC	54		1,384,118	23
24		RADIOLOGY-THERAPEUTIC	55		880,364	24
25		RADIOISOTOPE	56		24,657	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57		718,394	26
27		MAGNETIC RESONANCE IMAGING (M	58		895,211	27
28		LABORATORY	60		1,281,443	28
29		WHOLE BLOOD & PCKD RED BLOOD	62		18,667	29
30		RESPIRATORY THERAPY	65		69,841	30
31		PHYSICAL THERAPY	66		87,658	31
32		OCCUPATIONAL THERAPY	67		863	32
33		SPEECH PATHOLOGY	68		7,230	33
34		ELECTROCARDIOLOGY	69		2,076,812	34
35		ELECTROENCEPHALOGRAPHY	70		114,297	35
36		CARDIAC REHAB	75.01		12,355	36
37		PAIN MANAGEMENT	75.04		13,152	37
38		CLINIC	90		229,098	38
39		PATIENT TREATMENT CENTER	90.01		20,276	39
40		REHAB SERVICES-BLOOMINGDALE	90.02		11,881	40
41		MENTAL HEALTH O/P	90.04		928	41
42		WOMEN'S CLINIC	90.05		3,136	42
43		EMERGENCY	91		1,108,132	43
44		RESEARCH	191		3,183	44
45		PARKINSONS CENTER	193.08		1,996	45
500 TOTAL RECLASSIFICATIONS					43,403,055	500
CODE LETTER - A						

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 SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		803,742	1
2		PHARMACY	15		48,518	2
3		ADULTS & PEDIATRICS	30		707,304	3
4		INTENSIVE CARE UNIT	31		409,429	4
5		CORONARY CARE UNIT	32		243,286	5
6		SUBPROVIDER - IPF	40		1,431	6
7		NURSERY	43		152,814	7
8		OPERATING ROOM	50		35,839,251	8
9		RECOVERY ROOM	51		249,776	9
10		DELIVERY ROOM & LABOR ROOM	52		269,652	10
11		ANESTHESIOLOGY	53		896,951	11
12		RADIOLOGY-DIAGNOSTIC	54		188,689	12
13		RADIOLOGY-THERAPEUTIC	55		102,600	13
14		RADIOISOTOPE	56		2,809	14
15		COMPUTED TOMOGRAPHY (CT) SCAN	57		19,156	15
16		MAGNETIC RESONANCE IMAGING (M	58		25,307	16
17		LABORATORY	60		4,265	17
18		WHOLE BLOOD & PCKD RED BLOOD	62		1,996	18
19		RESPIRATORY THERAPY	65		105,659	19
20		PHYSICAL THERAPY	66		27,619	20
21		OCCUPATIONAL THERAPY	67		11,846	21
22		SPEECH PATHOLOGY	68		3,859	22
23		ELECTROCARDIOLOGY	69		12,128,187	23
24		ELECTROENCEPHALOGRAPHY	70		38,529	24
25		CARDIAC REHAB	75.01		94	25
26		PAIN MANAGEMENT	75.04		40,933	26
27		CLINIC	90		131,765	27
28		PATIENT TREATMENT CENTER	90.01		161,823	28
29		REHAB SERVICES-BLOOMINGDALE	90.02		1,452	29
30		WOMEN'S CLINIC	90.05		22	30
31		EMERGENCY	91		727,596	31
500 TOTAL RECLASSIFICATIONS					53,346,360	500
CODE LETTER - B						
1 CAFETERIA	C	DIETARY	10	1,139,089	2,621,412	1
500 TOTAL RECLASSIFICATIONS				1,139,089	2,621,412	500
CODE LETTER - C						
1 DRUGS	D	PHARMACY	15		17,507,756	1
2		ADULTS & PEDIATRICS	30		20,758	2
3		INTENSIVE CARE UNIT	31		262	3
4		CORONARY CARE UNIT	32		179	4
5		SUBPROVIDER - IPF	40		104	5
6		NURSERY	43		29	6
500 TOTAL RECLASSIFICATIONS					17,529,088	500
CODE LETTER - D						
1 INSURANCE	E	ADMINISTRATION & GENERAL	5.60		729,290	9 1
500 TOTAL RECLASSIFICATIONS					729,290	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 RENTALS	F	NON PATIENT TELEPHONES	5.10		29,681	9 1
2		PURCHASING AND STORES	5.30		1,468,034	2
3		ADMITTING	5.40		2,150	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		157	4
5		ADMINISTRATION & GENERAL	5.60		52,425	5
6		OPERATION OF PLANT	7		957	6
7		HOUSEKEEPING	9		6,364	7
8		DIETARY	10		2,203	8
9		NURSING ADMINISTRATION	13		37,758	9
10		CENTRAL SERVICES & SUPPLY	14		236	10
11		PHARMACY	15		280	11
12		MEDICAL RECORDS & LIBRARY	16		155	12
13		ADULTS & PEDIATRICS	30		240,249	13
14		INTENSIVE CARE UNIT	31		7,304	14
15		CORONARY CARE UNIT	32		18,611	15
16		SUBPROVIDER - IPF	40		244	16
17		NURSERY	43		1,503	17
18		OPERATING ROOM	50		114,779	18
19		RECOVERY ROOM	51		30,433	19
20		DELIVERY ROOM & LABOR ROOM	52		1,152	20
21		ANESTHESIOLOGY	53		2,285	21
22		RADIOLOGY-DIAGNOSTIC	54		2,633	22
23		MAGNETIC RESONANCE IMAGING (M	58		219	23
24		RADIOLOGY-THERAPEUTIC	55		1,039	24
25		RADIOISOTOPE	56		472	25
26		LABORATORY	60		58,785	26
27		RESPIRATORY THERAPY	65		175,895	27
28		PHYSICAL THERAPY	66		1,336	28
29		OCCUPATIONAL THERAPY	67		263	29
30		SPEECH PATHOLOGY	68		740	30
31		ELECTROCARDIOLOGY	69		26,532	31
32		ELECTROENCEPHALOGRAPHY	70		2,733	32
33		CARDIAC REHAB	75.01		44	33
34		PAIN MANAGEMENT	75.04		408	34
35		CLINIC	90		44,376	35
36		PATIENT TREATMENT CENTER	90.01		810	36
37		WOMEN'S CLINIC	90.05		157	37
38		EMERGENCY	91		1,168	38
500 TOTAL RECLASSIFICATIONS					2,334,570	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 ALLOCATED BENEFITS	G	NON PATIENT TELEPHONES	5.10		204,714	1
2		PURCHASING AND STORES	5.30		136,967	2
3		ADMITTING	5.40		323,124	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		390,577	4
5		ADMINISTRATION & GENERAL	5.60		1,931,052	5
6		OPERATION OF PLANT	7		446,542	6
7		LAUNDRY & LINEN SERVICE	8		35,935	7
8		HOUSEKEEPING	9		569,076	8
9		DIETARY	10		306,629	9
10		NURSING ADMINISTRATION	13		436,527	10
11		CENTRAL SERVICES & SUPPLY	14		331,961	11
12		PHARMACY	15		837,119	12
13		MEDICAL RECORDS & LIBRARY	16		512,227	13
14		ADULTS & PEDIATRICS	30		5,297,824	14
15		INTENSIVE CARE UNIT	31		944,336	15
16		CORONARY CARE UNIT	32		610,608	16
17		SUBPROVIDER - IPF	40		406,483	17
18		NURSERY	43		637,117	18
19		OPERATING ROOM	50		1,834,474	19
20		RECOVERY ROOM	51		506,336	20
21		DELIVERY ROOM & LABOR ROOM	52		877,178	21
22		ANESTHESIOLOGY	53		28,866	22
23		RADIOLOGY-DIAGNOSTIC	54		786,750	23
24		RADIOLOGY-THERAPEUTIC	55		303,684	24
25		RADIOISOTOPE	56		80,413	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57		184,685	26
27		MAGNETIC RESONANCE IMAGING (M	58		162,299	27
28		LABORATORY	60		2,684,847	28
29		WHOLE BLOOD & PCKD RED BLOOD	62		120,472	29
30		RESPIRATORY THERAPY	65		398,824	30
31		PHYSICAL THERAPY	66		434,171	31
32		OCCUPATIONAL THERAPY	67		112,225	32
33		SPEECH PATHOLOGY	68		96,319	33
34		ELECTROCARDIOLOGY	69		1,346,695	34
35		ELECTROENCEPHALOGRAPHY	70		160,237	35
36		CARDIAC REHAB	75.01		68,042	36
37		PAIN MANAGEMENT	75.04		45,950	37
38		CLINIC	90		2,092,797	38
39		PATIENT TREATMENT CENTER	90.01		214,140	39
40		REHAB SERVICES-BLOOMINGDALE	90.02		81,002	40
41		MENTAL HEALTH O/P	90.04		90,133	41
42		WOMEN'S CLINIC	90.05		50,663	42
43		EMERGENCY	91		1,284,544	43
44		RESEARCH	191		63,918	44
45		PARKINSONS CENTER	193.08		25,921	45
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					28,494,403	500
1 BHS CHEMICAL DEPENDENCY	H	ADULTS & PEDIATRICS	30	927,151	348,503	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				927,151	348,503	500
1 NURSERY	I	ADULTS & PEDIATRICS	30	1,215,901	477,102	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I GRAND TOTAL (DECREASES)				3,282,141	149,283,783	500

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 RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	1,194,745				2,229	1,192,516	1
2 LAND IMPROVEMENTS	24,273,628				2,714,101	21,559,527	2
3 BUILDINGS AND FIXTURES	349,253,140		108,318,210	108,318,210		457,571,350	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	45,219,668	2,680,898		2,680,898		47,900,566	5
6 MOVABLE EQUIPMENT	237,584,930				51,553,213	186,031,717	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	657,526,111	2,680,898	108,318,210	110,999,108	54,269,543	714,255,676	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	657,526,111	2,680,898	108,318,210	110,999,108	54,269,543	714,255,676	10

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----				
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	394,452,363		394,452,363	0.679523				1	
2 CAP REL COSTS-MVBLE EQUIP	186,031,717		186,031,717	0.320477				2	
3 TOTAL (SUM OF LINES 1-2)	580,484,080		580,484,080	1.000000				3	

DESCRIPTION	----- SUMMARY OF CAPITAL -----							TOTAL(2) (SUM OF COLS. 9-14)
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14		
1 CAP REL COSTS-BLDG & FIXT	26,575,268						26,575,268	1
2 CAP REL COSTS-MVBLE EQUIP	22,453,007						22,453,007	2
3 TOTAL	49,028,275						49,028,275	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.		REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-4,152	PURCHASING AND STORES	5.30	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	-347,563	NON PATIENT TELEPHONES	5.10	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-23,356	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-19,406,600			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-15,272	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	448,443			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-2,735,068	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-18,378	ADULTS & PEDIATRICS	30	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5,941	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-19,718	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			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 PHYSICIAN PART B BENEFITS	A	-1,300,982	EMPLOYEE BENEFITS	4	33
34 OTHER	B	-83,200	SUBPROVIDER - IPF	40	34
35 OTHER	B	-1,207,481	ADULTS & PEDIATRICS	30	35
36 OTHER INCOME	B	-11,286	PATIENT TREATMENT CENTER	90.01	36
36.02 OTHER INCOME	B	-130,668	ELECTROCARDIOLOGY	69	36.02
37 ANSWERING SERVICE	B	-480,454	NON PATIENT TELEPHONES	5.10	37
37.01 OTHER INCOME	B	-9,987,079	LABORATORY	60	37.01
37.02 OTHER INCOME	B	-60,263	DIETARY	10	37.02
37.03 OTHER INCOME	B	-15,153	MEDICAL RECORDS & LIBRARY	16	37.03
37.04 OTHER INCOME	B	-82,746	ADMINISTRATION & GENERAL	5.60	37.04
37.07 OTHER INCOME	B	-1,250	HOUSEKEEPING	9	37.07
38 CHARITABLE CONTRIBUTIONS	A	-1,440,634	ADMINISTRATION & GENERAL	5.60	38
38.01 CHARITABLE CONTRIBUTIONS	A	-35,000	RADIOLOGY-THERAPEUTIC	55	38.01
38.02 CHARITABLE CONTRIBUTIONS	A	-25,000	LABORATORY	60	38.02
38.04 CHARITABLE CONTRIBUTIONS	A	-50	CARDIAC REHAB	75.01	38.04
39					39
40 CARDIAC REHAB MISC REV	B	-9,448	CARDIAC REHAB	75.01	40
41 OUTSIDE SERVICES	B	-6,414	RADIOLOGY-DIAGNOSTIC	54	41
41.01 OUTSIDE SERVICES	B	-105,126	ADULTS & PEDIATRICS	30	41.01
41.02 OUTSIDE SERVICES	B	-95,813	PATIENT TREATMENT CENTER	90.01	41.02
41.03 OUTSIDE SERVICES	B	-1,932	PHYSICAL THERAPY	66	41.03
41.05 OUTSIDE SERVICE	B	-3,660	OCCUPATIONAL THERAPY	67	41.05
41.07 OUTSIDE SERVICES EAP/BHS ADMN	B	-178,063	SUBPROVIDER - IPF	40	41.07
41.08 OUTSIDE SERVICES	B	-1,964	REHAB SERVICES-BLOOMINGDALE	90.02	41.08
41.09 OUTSIDE BHS ADMIN	B	-61,600	MENTAL HEALTH O/P	90.04	41.09
41.10 ALCOHOLIC BEVERAGES	A	-2,000	ADMINISTRATION & GENERAL	5.60	41.10
41.22 TUITION	B	-9,719	SUBPROVIDER - IPF	40	41.22
41.23 EMS TUITION	B	-51,954	EMERGENCY	91	41.23
41.24 TUITION	B	-74,086	ELECTROCARDIOLOGY	69	41.24

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		REF 5
			COST CENTER 3	LINE NO. 4	
41.25 TUITION	B	-4,963	NURSING ADMINISTRATION	13	41.25
42 ASSOCIATION LOBBYING COST	A	-46,832	ADMINISTRATION & GENERAL	5.60	42
43 SITTERS	A	-6,624	ADULTS & PEDIATRICS	30	43
43.02 PHY BILLING COST	A	-100,687	ADULTS & PEDIATRICS	30	43.02
43.06 PHY BILLING COST	A	-13,053	ELECTROCARDIOLOGY	69	43.06
44 PHYSICIAN RECRUITMENT	A	-2,470	ADULTS & PEDIATRICS	30	44
44.01 PHYSICIAN RECRUITMENT	A	-545	RADIOLOGY-THERAPEUTIC	55	44.01
44.97 CABLE SERVICE	A	-189	OPERATION OF PLANT	7	44.97
44.98 CABLE SERVICE	A	-292	RADIOLOGY-THERAPEUTIC	55	44.98
44.99 CABLE SERVICE	A	-912	ELECTROCARDIOLOGY	69	44.99
45 CABLE SERVICE	A	-263	CLINIC	90	45
45.01 CABLE SERVICE	A	-1,072	SUBPROVIDER - IPF	40	45.01
45.02 DEPR ON MME<5K 2005 ADDNS	A	-204,428	CAP REL COSTS-MVBLE EQUIP	2	9 45.02
45.03 DEPR ON MME <5K 2006	A	-85,138	CAP REL COSTS-MVBLE EQUIP	2	9 45.03
45.04 REAL ESTATE TAXES	A	-20,553	ADMINISTRATION & GENERAL	5.60	45.04
45.10 REVERSE LOSS ON FIXED ASSETS	A	116,127	ADMINISTRATION & GENERAL	5.60	45.10
45.11 DUES	B	-20,312	ADMINISTRATION & GENERAL	5.60	45.11
45.13 INSTYMED REVENUE	B	-967,089	CLINIC	90	45.13
45.14 INSTYMED REVENUE	B	-14,412	CLINIC	90	45.14
45.15 RENTAL INCOME	B	-1,424,110	CLINIC	90	45.15
45.16 RENTAL INCOME	B	-33,618	SUBPROVIDER - IPF	40	45.16
45.17 RECOVERY LIVING	B	-76,920	SUBPROVIDER - IPF	40	45.17
45.18 ENTRANCE FEES	B	-219	CARDIAC REHAB	75.01	45.18
45.19 WORK ORDER REVENUE	B	-1,167	OPERATION OF PLANT	7	45.19
45.20 PROVIDER TAX	B	-11,403,584	ADMINISTRATION & GENERAL	5.60	45.20
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-51,903,955			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	2,913,797		9
2	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	42,639,960	45,170,159	2
3	2	CAP REL COSTS-MVBLE EQUIP	OFFICE RENTALS	138,782	201,653	3
4	5.60	ADMINISTRATION & GENERAL	OFFICE RENTALS	127,716		4
5		TOTALS (SUM OF LINES 1-4)		45,820,255	45,371,812	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.			448,443	

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	
1	2	3	4	5	6
6	A C D H S	100.00			6
7	A CENTRAL DUPAGE PHY GRP	100.00			7
8					8
9					9
10					10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	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	
2	30	ADULTS & PEDIATRICS	4,218,060	4,218,060		140,600	139	9,396	470	2
4	31	INTENSIVE CARE UNIT	580,315	580,315		165,600	227	18,073	904	4
5	40	SUBPROVIDER - IPF	252,130	252,130						5
6	50	OPERATING ROOM	157,653	120,003	37,650	208,000	1,381	138,100	6,905	6
7	52	DELIVERY ROOM & LABOR RO	1,234,926	1,234,926		177,200				7
8	53	ANESTHESIOLOGY	94,500	94,500		200,300	73	7,030	352	8
9	54	RADIOLOGY-DIAGNOSTIC	204,022	204,022						9
10	57	COMPUTED TOMOGRAPHY (CT)	72,398	72,398						10
11	55	RADIOLOGY-THERAPEUTIC	39,875	39,875			128			11
12	56	RADIOISOTOPE	270,458	266,745	3,713	225,300	32	3,466	173	12
13	60	LABORATORY	999,140	999,140						13
14	65	RESPIRATORY THERAPY	6,351	6,351		165,600	30	2,388	119	14
15	69	ELECTROCARDIOLOGY	3,957,242	3,854,190	103,052	177,200	591	50,349	2,517	15
16	70	ELECTROENCEPHALOGRAPHY	4,100	4,100		177,200	40	3,408	170	16
17	75.01	CARDIAC REHAB	6,638	6,638						17
18	91	EMERGENCY	913,670	882,390	31,280	177,200	70	5,963	298	18
19	90	CLINIC	7,350	7,350						19
20	90.04	MENTAL HEALTH O/P	34,594	34,594						20
21	5.60	ADMINISTRATION & GENERAL	494,227	457,750	36,477	177,200	375	31,947	1,597	21
22	74	RENAL DIALYSIS	416,659	416,659						22
24	30	ADULTS & PEDIATRICS	414,717		414,717	140,600	4,635	313,308	15,665	24
25	69	ELECTROCARDIOLOGY	1,682,802	1,682,802						25
26	90	CLINIC	3,786,406	3,786,406						26
27	90.01	PATIENT TREATMENT CENTER	1,050	1,050						27
200		TOTAL	19,849,283	19,222,394	626,889		7,721	583,428	29,170	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11		12	13	14	15	16	17	18	
2	30	ADULTS & PEDIATRICS	AGGREGATE				9,396		4,218,060	2
4	31	INTENSIVE CARE UNIT	AGGREGATE				18,073		580,315	4
5	40	SUBPROVIDER - IPF	AGGREGATE						252,130	5
6	50	OPERATING ROOM	AGGREGATE				138,100		120,003	6
7	52	DELIVERY ROOM & LABOR RO	AGGREGATE						1,234,926	7
8	53	ANESTHESIOLOGY	AGGREGATE				7,030		94,500	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						204,022	9
10	57	COMPUTED TOMOGRAPHY (CT)	AGGREGATE						72,398	10
11	55	RADIOLOGY-THERAPEUTIC	AGGREGATE						39,875	11
12	56	RADIOISOTOPE	AGGREGATE				3,466	247	266,992	12
13	60	LABORATORY	AGGREGATE						999,140	13
14	65	RESPIRATORY THERAPY	AGGREGATE				2,388		6,351	14
15	69	ELECTROCARDIOLOGY	AGGREGATE				50,349	52,703	3,906,893	15
16	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				3,408		4,100	16
17	75.01	CARDIAC REHAB	AGGREGATE						6,638	17
18	91	EMERGENCY	AGGREGATE				5,963	25,317	907,707	18
19	90	CLINIC	AGGREGATE						7,350	19
20	90.04	MENTAL HEALTH O/P	AGGREGATE						34,594	20
21	5.60	ADMINISTRATION & GENERAL	AGGREGATE				31,947	4,530	462,280	21
22	74	RENAL DIALYSIS	AGGREGATE						416,659	22
24	30	ADULTS & PEDIATRICS	SALARIED				313,308	101,409	101,409	24
25	69	ELECTROCARDIOLOGY	SALARIED						1,682,802	25
26	90	CLINIC	SALARIED						3,786,406	26
27	90.01	PATIENT TREATMENT CENTER	SALARIED						1,050	27
200		TOTAL					583,428	184,206	19,406,600	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT TELEPHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	26,575,268	26,575,268				1
2 CAP REL COSTS-MVBLE EQUIP	22,453,007		22,453,007			2
4 EMPLOYEE BENEFITS	27,786,535			27,786,535		4
5.10 NON PATIENT TELEPHONES	1,652,521	247,305	208,944	187,243	2,296,013	5.10
5.30 PURCHASING AND STORES	1,721,710	126,232	106,651	125,240	35,955	5.30
5.40 ADMITTING	2,054,520	20,402	17,237	295,154	58,214	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	5,485,448	14,154	11,959	356,980	124,988	5.50
5.60 ADMINISTRATION & GENERAL	74,409,841	756,874	639,470	3,512,026	267,098	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	21,697,526	15,632,917	13,207,997	407,950	107,866	7
8 LAUNDRY & LINEN SERVICE	157,405	80,989	68,426	32,822	5,136	8
9 HOUSEKEEPING	4,050,417	238,813	201,769	520,016	27,395	9
10 DIETARY	1,657,857	509,887	430,795	98,668	35,955	10
11 CAFETERIA	1,025,433			181,485		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,176,652	132,212	111,704	398,812	51,365	13
14 CENTRAL SERVICES & SUPPLY	2,517,598	171,308	144,735	303,376	49,653	14
15 PHARMACY	5,453,671	82,915	70,054	764,971	42,804	15
16 MEDICAL RECORDS & LIBRARY	3,792,143	46,416	39,216	467,963	92,457	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	34,176,169	2,036,733	1,720,802	4,500,505	130,125	30
31 INTENSIVE CARE UNIT	6,187,790	194,876	164,647	863,085	70,199	31
32 CORONARY CARE UNIT	4,241,227	148,527	125,488	557,944	37,668	32
40 SUBPROVIDER - IPF	2,353,359	348,847	294,735	371,386	167,792	40
43 NURSERY	5,801,720	115,780	97,820	775,914	27,395	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,675,777	1,312,406	1,108,830	1,676,199	131,837	50
51 RECOVERY ROOM	3,195,309	200,337	169,261	462,806	42,804	51
52 DELIVERY ROOM & LABOR ROOM	5,998,623	415,816	351,316	801,715	73,623	52
53 ANESTHESIOLOGY	818,090	28,777	24,314	26,405	37,668	53
54 RADIOLOGY-DIAGNOSTIC	5,336,191	605,884	511,902	718,934	121,564	54
55 RADIOLOGY-THERAPEUTIC	4,497,249	795,752	672,318	277,361		55
56 RADIOISOTOPE	932,336	54,975	46,448	73,453	8,561	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,739,595	65,495	55,335	168,814	5,136	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,316,820	70,771	59,793	148,333	8,561	58
60 LABORATORY	23,482,499	459,535	388,253	2,453,453	191,762	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	3,371,936	20,988	17,733	110,218		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,617,438	55,545	46,929	364,465	17,122	65
66 PHYSICAL THERAPY	2,852,354	120,889	102,137	396,756	35,955	66
67 OCCUPATIONAL THERAPY	701,849	5,293	4,472	102,651	15,409	67
68 SPEECH PATHOLOGY	597,229	7,689	6,496	87,942		68
69 ELECTROCARDIOLOGY	8,458,904	393,839	332,748	1,230,758	77,047	69
70 ELECTROENCEPHALOGRAPHY	1,198,136	78,125	66,006	146,394		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	23,665,191					71
72 IMPL. DEV. CHARGED TO PATIENT	29,681,169					72
73 DRUGS CHARGED TO PATIENTS	17,529,088					73
74 RENAL DIALYSIS					27,395	74
75.01 CARDIAC REHAB	565,588			62,133		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	308,891	49,046	41,438	42,102		75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,884,948	246,853	208,562	1,912,243		90
90.01 PATIENT TREATMENT CENTER	1,417,997	98,644	83,343	195,525		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	541,939			73,956		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	1,788,901	91,056	76,932	230,073	34,243	90.04
90.05 WOMEN'S CLINIC	376,621			46,042		90.05
91 EMERGENCY	8,307,518	492,366	415,992	1,174,111	135,261	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT TELEPHONES 5.10	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	434,286,003	26,575,268	22,453,007	27,704,382	2,296,013	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19					190
190.01 KOFFEE KORNER						190.01
191 RESEARCH	375,064			58,428		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	31,965			23,725		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	434,693,051	26,575,268	22,453,007	27,786,535	2,296,013	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	2,115,788					5.30
5.40 ADMITTING	13,724	2,459,251				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	71,173		6,064,702			5.50
5.60 ADMINISTRATION & GENERAL				79,585,309	79,585,309	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	91,729			51,145,985	11,462,614	7
8 LAUNDRY & LINEN SERVICE	2,360			347,138	77,799	8
9 HOUSEKEEPING	128,934			5,167,344	1,158,084	9
10 DIETARY				2,733,162	612,545	10
11 CAFETERIA				1,206,918	270,490	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,809			3,877,554	869,022	13
14 CENTRAL SERVICES & SUPPLY	49,150			3,235,820	725,199	14
15 PHARMACY				6,414,415	1,437,573	15
16 MEDICAL RECORDS & LIBRARY	14,866			4,453,061	998,002	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	107,228	202,425	499,260	43,373,247	9,720,639	30
31 INTENSIVE CARE UNIT	15,885	29,268	72,186	7,597,936	1,702,819	31
32 CORONARY CARE UNIT	8,621	22,211	54,782	5,196,468	1,164,612	32
40 SUBPROVIDER - IPF	21,465	18,235	44,975	3,620,794	811,478	40
43 NURSERY	7,141	38,707	95,466	6,959,943	1,559,835	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,641	132,575	326,983	19,397,248	4,347,234	50
51 RECOVERY ROOM	2,158	23,282	57,422	4,153,379	930,839	51
52 DELIVERY ROOM & LABOR ROOM	29,426	39,701	97,920	7,808,140	1,749,929	52
53 ANESTHESIOLOGY	4,591	32,048	79,044	1,050,937	235,532	53
54 RADIOLOGY-DIAGNOSTIC	75,878	86,759	213,983	7,671,095	1,719,215	54
55 RADIOLOGY-THERAPEUTIC	19,258	20,423	50,370	6,332,731	1,419,266	55
56 RADIOISOTOPE	147,857	22,692	55,967	1,342,289	300,828	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,496	129,319	318,953	2,484,143	556,736	57
58 MAGNETIC RESONANCE IMAGING (MRI)	859	52,293	128,975	1,786,405	400,362	58
60 LABORATORY	249,185	384,908	948,544	28,558,139	6,400,336	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	874,628	18,828	46,438	4,460,769	999,730	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	20,618	33,411	82,406	3,237,934	725,673	65
66 PHYSICAL THERAPY	5,796	18,944	46,723	3,579,554	802,235	66
67 OCCUPATIONAL THERAPY	393	6,504	16,041	852,612	191,084	67
68 SPEECH PATHOLOGY	622	5,389	13,292	718,659	161,063	68
69 ELECTROCARDIOLOGY	14,836	152,789	376,839	11,037,760	2,473,739	69
70 ELECTROENCEPHALOGRAPHY	1,885	16,092	39,689	1,546,327	346,557	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		318,158	784,704	24,768,053	5,550,917	71
72 IMPL. DEV. CHARGED TO PATIENT		186,395	459,725	30,327,289	6,796,831	72
73 DRUGS CHARGED TO PATIENTS		253,348	624,856	18,407,292	4,125,369	73
74 RENAL DIALYSIS		5,440	13,417	46,252	10,366	74
75.01 CARDIAC REHAB	2,053	2,287	5,640	637,701	142,919	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	1,152	3,818	9,417	455,864	102,166	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	64,343	48,216	118,919	12,484,084	2,797,883	90
90.01 PATIENT TREATMENT CENTER	5,111	6,440	15,884	1,822,944	408,551	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	921	4,158	10,256	631,230	141,469	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	772	13,571	33,471	2,269,019	508,523	90.04
90.05 WOMEN'S CLINIC	28	328	809	423,828	94,987	90.05
91 EMERGENCY	16,467	130,289	321,346	10,993,350	2,463,786	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,112,059	2,459,251	6,064,702	434,200,121	79,474,836	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				19	4	190
190.01 KOFFEE KORNER						190.01
191 RESEARCH	1,215			434,707	97,425	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	2,514			58,204	13,044	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,115,788	2,459,251	6,064,702	434,693,051	79,585,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	62,608,599					7
8 LAUNDRY & LINEN SERVICE	518,605	943,542				8
9 HOUSEKEEPING	1,529,216	9,473	7,864,117			9
10 DIETARY	3,265,015		423,978	7,034,700		10
11 CAFETERIA					1,477,408	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	846,609		109,936		19,305	13
14 CENTRAL SERVICES & SUPPLY	1,096,955	12,315	142,445		19,731	14
15 PHARMACY	530,940		68,945		40,226	15
16 MEDICAL RECORDS & LIBRARY	297,219		38,595		45,456	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	13,042,042	363,779	1,693,575	5,698,941	312,248	30
31 INTENSIVE CARE UNIT	1,247,871	23,683	162,042	517,575	50,033	31
32 CORONARY CARE UNIT	951,081	21,789	123,503	376,881	32,454	32
40 SUBPROVIDER - IPF	2,233,811	9,473	290,071	441,303	29,626	40
43 NURSERY	741,386	4,737	96,273		32,197	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,403,875	171,467	1,091,285		112,062	50
51 RECOVERY ROOM	1,282,838	17,052	166,583		30,544	51
52 DELIVERY ROOM & LABOR ROOM	2,662,639	64,418	345,757		48,630	52
53 ANESTHESIOLOGY	184,274		23,929		3,232	53
54 RADIOLOGY-DIAGNOSTIC	3,879,726	63,471	503,802		49,989	54
55 RADIOLOGY-THERAPEUTIC	5,095,526	947	661,679		18,842	55
56 RADIOISOTOPE	352,030	9,473	45,713		4,143	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	419,389		54,460		11,393	57
58 MAGNETIC RESONANCE IMAGING (MRI)	453,176		58,847		8,661	58
60 LABORATORY	2,942,590	947	382,110		248,211	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	134,398		17,452		8,360	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	355,676		46,186		28,208	65
66 PHYSICAL THERAPY	774,100	10,420	100,521		26,827	66
67 OCCUPATIONAL THERAPY	33,894		4,401		5,972	67
68 SPEECH PATHOLOGY	49,233		6,393		4,797	68
69 ELECTROCARDIOLOGY	2,521,913	30,314	327,483		44,560	69
70 ELECTROENCEPHALOGRAPHY	500,264	13,263	64,962		10,622	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB					4,488	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	314,059	6,631	40,782		3,027	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,580,701	4,737	205,262		114,133	90
90.01 PATIENT TREATMENT CENTER	631,658	6,631	82,024		13,737	90.01
90.02 REHAB SERVICES-BLOOMINGDALE					5,186	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	583,069		75,714		6,736	90.04
90.05 WOMEN'S CLINIC					3,739	90.05
91 EMERGENCY	3,152,821	98,522	409,409		74,891	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	62,608,599	943,542	7,864,117	7,034,700	1,472,266	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH					3,541	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER					1,601	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	62,608,599	943,542	7,864,117	7,034,700	1,477,408	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
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	5,722,426					13
14 CENTRAL SERVICES & SUPPLY		5,232,465				14
15 PHARMACY	267,153		8,759,252			15
16 MEDICAL RECORDS & LIBRARY				5,832,333		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	2,073,708		9,396	480,151	76,767,726	30
31 INTENSIVE CARE UNIT	332,283		118	69,423	11,703,783	31
32 CORONARY CARE UNIT	215,537		81	52,685	8,135,091	32
40 SUBPROVIDER - IPF			47	43,254	7,479,857	40
43 NURSERY	213,830		13	91,812	9,700,026	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	744,233		28,981	314,468	34,610,853	50
51 RECOVERY ROOM	202,853		25	55,224	6,839,337	51
52 DELIVERY ROOM & LABOR ROOM	322,965		2,164	94,172	13,098,814	52
53 ANESTHESIOLOGY	21,466		87,119	76,019	1,682,508	53
54 RADIOLOGY-DIAGNOSTIC			11,225	205,793	14,104,316	54
55 RADIOLOGY-THERAPEUTIC			43	48,442	13,577,476	55
56 RADIOISOTOPE	27,515		957	53,825	2,136,773	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			167,405	306,746	4,000,272	57
58 MAGNETIC RESONANCE IMAGING (MRI)			27,530	124,039	2,859,020	58
60 LABORATORY			3,852	911,991	39,448,176	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS				44,661	5,665,370	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	187,339		447	79,252	4,660,715	65
66 PHYSICAL THERAPY	178,167		734	44,934	5,517,492	66
67 OCCUPATIONAL THERAPY	39,663			15,427	1,143,053	67
68 SPEECH PATHOLOGY	31,857			12,783	984,785	68
69 ELECTROCARDIOLOGY	295,937		45,756	362,416	17,139,878	69
70 ELECTROENCEPHALOGRAPHY	70,545		112	38,170	2,590,822	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,977,273		754,670	34,050,913	71
72 IMPL. DEV. CHARGED TO PATIENT		2,255,192		442,129	39,821,441	72
73 DRUGS CHARGED TO PATIENTS			7,903,442	600,940	31,037,043	73
74 RENAL DIALYSIS				12,904	69,522	74
75.01 CARDIAC REHAB			75	5,424	790,607	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT				9,057	931,586	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			453,345	114,368	17,754,513	90
90.01 PATIENT TREATMENT CENTER			7,239	15,276	2,988,060	90.01
90.02 REHAB SERVICES-BLOOMINGDALE				9,864	787,749	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P				32,190	3,475,251	90.04
90.05 WOMEN'S CLINIC				778	523,332	90.05
91 EMERGENCY	497,375		9,146	309,046	18,008,346	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	5,722,426	5,232,465	8,759,252	5,832,333	434,084,506	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					23	190
190.01 KOFFEE KORNER						190.01
191 RESEARCH					535,673	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER					72,849	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,722,426	5,232,465	8,759,252	5,832,333	434,693,051	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.10 NON PATIENT TELEPHONES			5.10
5.30 PURCHASING AND STORES			5.30
5.40 ADMITTING			5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS			5.50
5.60 ADMINISTRATION & GENERAL			5.60
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	76,767,726		30
31 INTENSIVE CARE UNIT	11,703,783		31
32 CORONARY CARE UNIT	8,135,091		32
40 SUBPROVIDER - IPF	7,479,857		40
43 NURSERY	9,700,026		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	34,610,853		50
51 RECOVERY ROOM	6,839,337		51
52 DELIVERY ROOM & LABOR ROOM	13,098,814		52
53 ANESTHESIOLOGY	1,682,508		53
54 RADIOLOGY-DIAGNOSTIC	14,104,316		54
55 RADIOLOGY-THERAPEUTIC	13,577,476		55
56 RADIOISOTOPE	2,136,773		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,000,272		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,859,020		58
60 LABORATORY	39,448,176		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	5,665,370		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY	4,660,715		65
66 PHYSICAL THERAPY	5,517,492		66
67 OCCUPATIONAL THERAPY	1,143,053		67
68 SPEECH PATHOLOGY	984,785		68
69 ELECTROCARDIOLOGY	17,139,878		69
70 ELECTROENCEPHALOGRAPHY	2,590,822		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,050,913		71
72 IMPL. DEV. CHARGED TO PATIENT	39,821,441		72
73 DRUGS CHARGED TO PATIENTS	31,037,043		73
74 RENAL DIALYSIS	69,522		74
75.01 CARDIAC REHAB	790,607		75.01
75.02 SLEEP LAB			75.02
75.03 INPATIENT DIALYSIS			75.03
75.04 PAIN MANAGEMENT	931,586		75.04
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	17,754,513		90
90.01 PATIENT TREATMENT CENTER	2,988,060		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	787,749		90.02
90.03 CANTERA			90.03
90.04 MENTAL HEALTH O/P	3,475,251		90.04
90.05 WOMEN'S CLINIC	523,332		90.05
91 EMERGENCY	18,008,346		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/28/2012 16:04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS			99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		434,084,506	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		23	190
190.01 KOFFEE KORNER			190.01
191 RESEARCH		535,673	191
192.01 WSKF			192.01
193.01 DEVELOPMENT			193.01
193.02 MARKETING			193.02
193.04 PHYSICIAN ANSWERING SERVICE			193.04
193.05 CAR SEAT SAFETY PROGRAM			193.05
193.07 JOINT VENTURE			193.07
193.08 PARKINSONS CENTER		72,849	193.08
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		434,693,051	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	NON PATIENT TELEPHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES		247,305	208,944	456,249	456,249	5.10
5.30 PURCHASING AND STORES		126,232	106,651	232,883	7,145	5.30
5.40 ADMITTING		20,402	17,237	37,639	11,568	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS		14,154	11,959	26,113	24,837	5.50
5.60 ADMINISTRATION & GENERAL		756,874	639,470	1,396,344	53,073	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		15,632,917	13,207,997	28,840,914	21,435	7
8 LAUNDRY & LINEN SERVICE		80,989	68,426	149,415	1,021	8
9 HOUSEKEEPING		238,813	201,769	440,582	5,444	9
10 DIETARY		509,887	430,795	940,682	7,145	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		132,212	111,704	243,916	10,207	13
14 CENTRAL SERVICES & SUPPLY		171,308	144,735	316,043	9,867	14
15 PHARMACY		82,915	70,054	152,969	8,506	15
16 MEDICAL RECORDS & LIBRARY		46,416	39,216	85,632	18,372	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		2,036,733	1,720,802	3,757,535	25,858	30
31 INTENSIVE CARE UNIT		194,876	164,647	359,523	13,949	31
32 CORONARY CARE UNIT		148,527	125,488	274,015	7,485	32
40 SUBPROVIDER - IPF		348,847	294,735	643,582	33,343	40
43 NURSERY		115,780	97,820	213,600	5,444	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,312,406	1,108,830	2,421,236	26,198	50
51 RECOVERY ROOM		200,337	169,261	369,598	8,506	51
52 DELIVERY ROOM & LABOR ROOM		415,816	351,316	767,132	14,630	52
53 ANESTHESIOLOGY		28,777	24,314	53,091	7,485	53
54 RADIOLOGY-DIAGNOSTIC		605,884	511,902	1,117,786	24,156	54
55 RADIOLOGY-THERAPEUTIC		795,752	672,318	1,468,070		55
56 RADIOISOTOPE		54,975	46,448	101,423	1,701	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		65,495	55,335	120,830	1,021	57
58 MAGNETIC RESONANCE IMAGING (MRI)		70,771	59,793	130,564	1,701	58
60 LABORATORY		459,535	388,253	847,788	38,106	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		20,988	17,733	38,721		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		55,545	46,929	102,474	3,402	65
66 PHYSICAL THERAPY		120,889	102,137	223,026	7,145	66
67 OCCUPATIONAL THERAPY		5,293	4,472	9,765	3,062	67
68 SPEECH PATHOLOGY		7,689	6,496	14,185		68
69 ELECTROCARDIOLOGY		393,839	332,748	726,587	15,310	69
70 ELECTROENCEPHALOGRAPHY		78,125	66,006	144,131		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS					5,444	74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT		49,046	41,438	90,484		75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		246,853	208,562	455,415		90
90.01 PATIENT TREATMENT CENTER		98,644	83,343	181,987		90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		91,056	76,932	167,988	6,805	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY		492,366	415,992	908,358	26,878	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/28/2012 16:04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	NON PATIENT TELEPHONES 5.10	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		26,575,268	22,453,007	49,028,275	456,249	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH						191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		26,575,268	22,453,007	49,028,275	456,249	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	240,028					5.30
5.40 ADMITTING	1,557	50,764				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	8,074		59,024			5.50
5.60 ADMINISTRATION & GENERAL				1,449,417		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,406			208,645	29,081,400	7
8 LAUNDRY & LINEN SERVICE	268			1,417	240,890	8
9 HOUSEKEEPING	14,627			21,093	710,313	9
10 DIETARY				11,157	1,516,584	10
11 CAFETERIA				4,927		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	772			15,828	393,246	13
14 CENTRAL SERVICES & SUPPLY	5,576			13,209	509,530	14
15 PHARMACY				26,184	246,619	15
16 MEDICAL RECORDS & LIBRARY	1,687			18,177	138,057	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	12,165	4,210	4,858	177,050	6,057,971	30
31 INTENSIVE CARE UNIT	1,802	609	702	31,015	579,630	31
32 CORONARY CARE UNIT	978	462	533	21,212	441,772	32
40 SUBPROVIDER - IPF	2,435	379	438	14,780	1,037,595	40
43 NURSERY	810	805	929	28,410	344,370	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,703	2,758	3,182	79,180	3,903,560	50
51 RECOVERY ROOM	245	484	559	16,954	595,872	51
52 DELIVERY ROOM & LABOR ROOM	3,338	826	953	31,873	1,236,783	52
53 ANESTHESIOLOGY	521	667	769	4,290	85,594	53
54 RADIOLOGY-DIAGNOSTIC	8,608	1,805	2,082	31,313	1,802,115	54
55 RADIOLOGY-THERAPEUTIC	2,185	425	490	25,850	2,366,848	55
56 RADIOISOTOPE	16,774	472	545	5,479	163,516	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	170	2,690	3,104	10,140	194,804	57
58 MAGNETIC RESONANCE IMAGING (MRI)	97	1,088	1,255	7,292	210,498	58
60 LABORATORY	28,269	7,616	9,238	116,574	1,366,819	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	99,222	392	452	18,209	62,427	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,339	695	802	13,217	165,210	65
66 PHYSICAL THERAPY	657	394	455	14,612	359,566	66
67 OCCUPATIONAL THERAPY	45	135	156	3,480	15,744	67
68 SPEECH PATHOLOGY	71	112	129	2,934	22,868	68
69 ELECTROCARDIOLOGY	1,683	3,178	3,667	45,056	1,171,417	69
70 ELECTROENCEPHALOGRAPHY	214	335	386	6,312	232,370	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		6,618	7,636	101,103		71
72 IMPL. DEV. CHARGED TO PATIENT		3,877	4,473	123,796		72
73 DRUGS CHARGED TO PATIENTS		5,270	6,080	75,139		73
74 RENAL DIALYSIS		113	131	189		74
75.01 CARDIAC REHAB	233	48	55	2,603		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	131	79	92	1,861	145,879	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,299	1,003	1,157	50,960	734,228	90
90.01 PATIENT TREATMENT CENTER	580	134	155	7,441	293,402	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	105	86	100	2,577		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	88	282	326	9,262	270,833	90.04
90.05 WOMEN'S CLINIC	3	7	8	1,730		90.05
91 EMERGENCY	1,868	2,710	3,127	44,875	1,464,470	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	239,605	50,764	59,024	1,447,405	29,081,400	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH	138			1,774		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	285			238		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	240,028	50,764	59,024	1,449,417	29,081,400	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	393,011					8
9 HOUSEKEEPING	3,946	1,196,005				9
10 DIETARY		64,480	2,540,048			10
11 CAFETERIA				4,927		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		16,720		64	680,753	13
14 CENTRAL SERVICES & SUPPLY	5,130	21,664		66		14
15 PHARMACY		10,485		134	31,781	15
16 MEDICAL RECORDS & LIBRARY		5,870		152		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	151,521	257,563	2,057,740	1,041	246,693	30
31 INTENSIVE CARE UNIT	9,865	24,644	186,883	167	39,529	31
32 CORONARY CARE UNIT	9,076	18,783	136,082	108	25,641	32
40 SUBPROVIDER - IPF	3,946	44,115	159,343	99		40
43 NURSERY	1,973	14,642		107	25,438	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,421	165,967		374	88,536	50
51 RECOVERY ROOM	7,103	25,335		102	24,132	51
52 DELIVERY ROOM & LABOR ROOM	26,832	52,584		162	38,421	52
53 ANESTHESIOLOGY		3,639		11	2,554	53
54 RADIOLOGY-DIAGNOSTIC	26,437	76,620		167		54
55 RADIOLOGY-THERAPEUTIC	395	100,631		63		55
56 RADIOISOTOPE	3,946	6,952		14	3,273	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		8,282		38		57
58 MAGNETIC RESONANCE IMAGING (MRI)		8,950		29		58
60 LABORATORY	395	58,113		828		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		2,654		28		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		7,024		94	22,286	65
66 PHYSICAL THERAPY	4,340	15,288		89	21,195	66
67 OCCUPATIONAL THERAPY		669		20	4,718	67
68 SPEECH PATHOLOGY		972		16	3,790	68
69 ELECTROCARDIOLOGY	12,627	49,805		149	35,205	69
70 ELECTROENCEPHALOGRAPHY	5,524	9,880		35	8,392	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB				15		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	2,762	6,202		10		75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,973	31,217		381		90
90.01 PATIENT TREATMENT CENTER	2,762	12,475		46		90.01
90.02 REHAB SERVICES-BLOOMINGDALE				17		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		11,515		22		90.04
90.05 WOMEN'S CLINIC				12		90.05
91 EMERGENCY	41,037	62,265		250	59,169	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	393,011	1,196,005	2,540,048	4,910	680,753	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH				12		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER				5		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	393,011	1,196,005	2,540,048	4,927	680,753	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.10 NON PATIENT TELEPHONES					5.10
5.30 PURCHASING AND STORES					5.30
5.40 ADMITTING					5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
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	881,085				14
15 PHARMACY		476,678			15
16 MEDICAL RECORDS & LIBRARY			267,947		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		511	22,024	12,776,740	30
31 INTENSIVE CARE UNIT		6	3,184	1,251,424	31
32 CORONARY CARE UNIT		4	2,417	938,568	32
40 SUBPROVIDER - IPF		3	1,984	1,942,042	40
43 NURSERY		1	4,211	640,740	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,577	14,424	6,782,116	50
51 RECOVERY ROOM		1	2,533	1,051,424	51
52 DELIVERY ROOM & LABOR ROOM		118	4,320	2,177,972	52
53 ANESTHESIOLOGY		4,741	3,487	166,849	53
54 RADIOLOGY-DIAGNOSTIC		611	9,439	3,101,139	54
55 RADIOLOGY-THERAPEUTIC		2	2,222	3,967,181	55
56 RADIOISOTOPE		52	2,469	306,616	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		9,110	14,070	364,259	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,498	5,689	368,661	58
60 LABORATORY		210	42,259	2,516,215	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			2,049	224,154	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		24	3,635	321,202	65
66 PHYSICAL THERAPY		40	2,061	648,868	66
67 OCCUPATIONAL THERAPY			708	38,502	67
68 SPEECH PATHOLOGY			586	45,663	68
69 ELECTROCARDIOLOGY		2,490	16,623	2,083,797	69
70 ELECTROENCEPHALOGRAPHY		6	1,751	409,336	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	501,337		34,616	651,310	71
72 IMPL. DEV. CHARGED TO PATIENT	379,748		20,280	532,174	72
73 DRUGS CHARGED TO PATIENTS		430,105	27,564	544,158	73
74 RENAL DIALYSIS			592	6,469	74
75.01 CARDIAC REHAB		4	249	3,207	75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT			415	247,915	75.04
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		24,672	5,246	1,313,551	90
90.01 PATIENT TREATMENT CENTER		394	701	500,077	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			452	3,337	90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P			1,476	468,597	90.04
90.05 WOMEN'S CLINIC			36	1,796	90.05
91 EMERGENCY		498	14,175	2,629,680	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	881,085	476,678	267,947	49,025,823	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
190.01 KOFFEE KORNER					190.01
191 RESEARCH				1,924	191
192.01 WSKF					192.01
193.01 DEVELOPMENT					193.01
193.02 MARKETING					193.02
193.04 PHYSICIAN ANSWERING SERVICE					193.04
193.05 CAR SEAT SAFETY PROGRAM					193.05
193.07 JOINT VENTURE					193.07
193.08 PARKINSONS CENTER				528	193.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	881,085	476,678	267,947	49,028,275	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5.10 NON PATIENT TELEPHONES		5.10
5.30 PURCHASING AND STORES		5.30
5.40 ADMITTING		5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS		5.50
5.60 ADMINISTRATION & GENERAL		5.60
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	12,776,740	30
31 INTENSIVE CARE UNIT	1,251,508	31
32 CORONARY CARE UNIT	938,568	32
40 SUBPROVIDER - IPF	1,942,042	40
43 NURSERY	640,740	43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM	6,782,116	50
51 RECOVERY ROOM	1,051,424	51
52 DELIVERY ROOM & LABOR ROOM	2,177,972	52
53 ANESTHESIOLOGY	166,849	53
54 RADIOLOGY-DIAGNOSTIC	3,101,139	54
55 RADIOLOGY-THERAPEUTIC	3,967,181	55
56 RADIOISOTOPE	306,616	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	364,259	57
58 MAGNETIC RESONANCE IMAGING (MRI)	368,661	58
60 LABORATORY	2,516,215	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	224,154	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65 RESPIRATORY THERAPY	321,202	65
66 PHYSICAL THERAPY	648,868	66
67 OCCUPATIONAL THERAPY	38,502	67
68 SPEECH PATHOLOGY	45,663	68
69 ELECTROCARDIOLOGY	2,083,797	69
70 ELECTROENCEPHALOGRAPHY	409,336	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	651,310	71
72 IMPL. DEV. CHARGED TO PATIENT	532,174	72
73 DRUGS CHARGED TO PATIENTS	544,158	73
74 RENAL DIALYSIS	6,469	74
75.01 CARDIAC REHAB	3,207	75.01
75.02 SLEEP LAB		75.02
75.03 INPATIENT DIALYSIS		75.03
75.04 PAIN MANAGEMENT	247,915	75.04
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC	1,313,551	90
90.01 PATIENT TREATMENT CENTER	500,077	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,337	90.02
90.03 CANTERA		90.03
90.04 MENTAL HEALTH O/P	468,597	90.04
90.05 WOMEN'S CLINIC	1,796	90.05
91 EMERGENCY	2,629,680	91
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS		99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	49,025,823	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
190.01 KOFFEE KORNER		190.01
191 RESEARCH	1,924	191
192.01 WSKF		192.01
193.01 DEVELOPMENT		193.01
193.02 MARKETING		193.02
193.04 PHYSICIAN ANSWERING SERVICE		193.04
193.05 CAR SEAT SAFETY PROGRAM		193.05
193.07 JOINT VENTURE		193.07
193.08 PARKINSONS CENTER	528	193.08
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	49,028,275	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT TELEPHONES (NONPT PHONES) 5.10	PURCHASING AND STORES (SUPPLIES EXPENSE) 5.30	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,586,531					1
2 CAP REL COSTS-MVBLE EQUIP		1,586,531				2
4 EMPLOYEE BENEFITS			174,401,502			4
5.10 NON PATIENT TELEPHONES	14,764	14,764	1,175,229	1,341		5.10
5.30 PURCHASING AND STORES	7,536	7,536	786,068	21	5,817,754	5.30
5.40 ADMITTING	1,218	1,218	1,852,530	34	37,736	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	845	845	2,240,575	73	195,703	5.50
5.60 ADMINISTRATION & GENERAL	45,185	45,185	22,043,156	156		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	933,278	933,278	2,560,492	63	252,227	7
8 LAUNDRY & LINEN SERVICE	4,835	4,835	206,008	3	6,490	8
9 HOUSEKEEPING	14,257	14,257	3,263,871	16	354,528	9
10 DIETARY	30,440	30,440	619,287	21		10
11 CAFETERIA			1,139,089			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,893	7,893	2,503,133	30	18,722	13
14 CENTRAL SERVICES & SUPPLY	10,227	10,227	1,904,133	29	135,148	14
15 PHARMACY	4,950	4,950	4,801,327	25		15
16 MEDICAL RECORDS & LIBRARY	2,771	2,771	2,937,162	54	40,877	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) INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS	121,592	121,592	28,247,215	76	294,842	30
31 INTENSIVE CARE UNIT	11,634	11,634	5,417,135	41	43,678	31
32 CORONARY CARE UNIT	8,867	8,867	3,501,924	22	23,704	32
40 SUBPROVIDER - IPF	20,826	20,826	2,330,996	98	59,023	40
43 NURSERY	6,912	6,912	4,870,009	16	19,635	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,350	78,350	10,520,628	77	89,753	50
51 RECOVERY ROOM	11,960	11,960	2,904,791	25	5,933	51
52 DELIVERY ROOM & LABOR ROOM	24,824	24,824	5,031,948	43	80,912	52
53 ANESTHESIOLOGY	1,718	1,718	165,733	22	12,625	53
54 RADIOLOGY-DIAGNOSTIC	36,171	36,171	4,512,372	71	208,641	54
55 RADIOLOGY-THERAPEUTIC	47,506	47,506	1,740,850		52,954	55
56 RADIOISOTOPE	3,282	3,282	461,025	5	406,560	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,910	3,910	1,059,558	3	4,114	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,225	4,225	931,009	5	2,362	58
60 LABORATORY	27,434	27,434	15,399,048	112	685,179	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	1,253	1,253	691,784		2,404,951	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,316	3,316	2,287,558	10	56,693	65
66 PHYSICAL THERAPY	7,217	7,217	2,490,228	21	15,936	66
67 OCCUPATIONAL THERAPY	316	316	644,286	9	1,081	67
68 SPEECH PATHOLOGY	459	459	551,966		1,709	68
69 ELECTROCARDIOLOGY	23,512	23,512	7,724,826	45	40,794	69
70 ELECTROENCEPHALOGRAPHY	4,664	4,664	918,837		5,184	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS				16		74
75.01 CARDIAC REHAB			389,974		5,646	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	2,928	2,928	264,251		3,167	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	14,737	14,737	12,002,152		176,923	90
90.01 PATIENT TREATMENT CENTER	5,889	5,889	1,227,208		14,055	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			464,182		2,533	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	5,436	5,436	1,444,049	20	2,123	90.04
90.05 WOMEN'S CLINIC			288,983		77	90.05
91 EMERGENCY	29,394	29,394	7,369,285	79	45,280	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT TELEPHONES (NONPT PHONES) 5.10	PURCHASING AND STORES (SUPPLIES EXPENSE) 5.30	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,586,531	1,586,531	173,885,870	1,341	5,807,498	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH			366,724		3,342	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER			148,908		6,914	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	26,575,268	22,453,007	27,786,535	2,296,013	2,115,788	202
203 UNIT COST MULT-WS B PT I	16.750551	14.152265	0.159325	1,712.164802	0.363678	203
204 COST TO BE ALLOC PER B PT II				456,249	240,028	204
205 UNIT COST MULT-WS B PT II				340.230425	0.041258	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE 5.40	ACCOUNTS RECEIVABLE & CASHIERS GROSS REVENUE 5.50	RECON- CILIATION 5A.60	ADMIN AND GENERAL ACCUM COST 5.60	OPERATION OF PLANT (SQUARE FEET) 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING	1,967,315,977					5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS		1,967,315,977				5.50
5.60 ADMINISTRATION & GENERAL			-79,585,309	355,107,742		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT				51,145,985	583,705	7
8 LAUNDRY & LINEN SERVICE				347,138	4,835	8
9 HOUSEKEEPING				5,167,344	14,257	9
10 DIETARY				2,733,162	30,440	10
11 CAFETERIA				1,206,918		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				3,877,554	7,893	13
14 CENTRAL SERVICES & SUPPLY				3,235,820	10,227	14
15 PHARMACY				6,414,415	4,950	15
16 MEDICAL RECORDS & LIBRARY				4,453,061	2,771	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	161,939,770	161,939,770		43,373,247	121,592	30
31 INTENSIVE CARE UNIT	23,414,068	23,414,068		7,597,936	11,634	31
32 CORONARY CARE UNIT	17,769,102	17,769,102		5,196,468	8,867	32
40 SUBPROVIDER - IPF	14,588,077	14,588,077		3,620,794	20,826	40
43 NURSERY	30,965,356	30,965,356		6,959,943	6,912	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	106,059,899	106,059,899		19,397,248	78,350	50
51 RECOVERY ROOM	18,625,276	18,625,276		4,153,379	11,960	51
52 DELIVERY ROOM & LABOR ROOM	31,761,176	31,761,176		7,808,140	24,824	52
53 ANESTHESIOLOGY	25,638,642	25,638,642		1,050,937	1,718	53
54 RADIOLOGY-DIAGNOSTIC	69,407,390	69,407,390		7,671,095	36,171	54
55 RADIOLOGY-THERAPEUTIC	16,338,069	16,338,069		6,332,731	47,506	55
56 RADIOISOTOPE	18,153,400	18,153,400		1,342,289	3,282	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	103,455,558	103,455,558		2,484,143	3,910	57
58 MAGNETIC RESONANCE IMAGING (MRI)	41,834,314	41,834,314		1,786,405	4,225	58
60 LABORATORY	307,842,072	307,842,072		28,558,139	27,434	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	15,062,577	15,062,577		4,460,769	1,253	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	26,729,144	26,729,144		3,237,934	3,316	65
66 PHYSICAL THERAPY	15,154,899	15,154,899		3,579,554	7,217	66
67 OCCUPATIONAL THERAPY	5,202,954	5,202,954		852,612	316	67
68 SPEECH PATHOLOGY	4,311,413	4,311,413		718,659	459	68
69 ELECTROCARDIOLOGY	122,231,332	122,231,332		11,037,760	23,512	69
70 ELECTROENCEPHALOGRAPHY	12,873,491	12,873,491		1,546,327	4,664	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	254,526,064	254,526,064		24,768,053		71
72 IMPL. DEV. CHARGED TO PATIENT	149,115,997	149,115,997		30,327,289		72
73 DRUGS CHARGED TO PATIENTS	202,678,050	202,678,050		18,407,292		73
74 RENAL DIALYSIS	4,352,026	4,352,026		46,252		74
75.01 CARDIAC REHAB	1,829,233	1,829,233		637,701		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,054,628	3,054,628		455,864	2,928	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	38,572,640	38,572,640		12,484,084	14,737	90
90.01 PATIENT TREATMENT CENTER	5,152,136	5,152,136		1,822,944	5,889	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,326,677	3,326,677		631,230		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	10,856,564	10,856,564		2,269,019	5,436	90.04
90.05 WOMEN'S CLINIC	262,514	262,514		423,828		90.05
91 EMERGENCY	104,231,469	104,231,469		10,993,350	29,394	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE	ACCOUNTS RECEIVABLE & CASHIERS GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	
	5.40	5.50	5A.60	5.60	7	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,967,315,977	1,967,315,977	-79,585,309	354,614,812	583,705	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				19		190
190.01 KOFEE KORNER						190.01
191 RESEARCH				434,707		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER				58,204		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,459,251	6,064,702		79,585,309	62,608,599	202
203 UNIT COST MULT-WS B PT I	0.001250	0.003083		0.224116	107.260686	203
204 COST TO BE ALLOC PER B PT II	50,764	59,024		1,449,417	29,081,400	204
205 UNIT COST MULT-WS B PT II	0.000026	0.000030		0.004082	49.822085	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	2,529,696					8
9 HOUSEKEEPING	25,399	564,613				9
10 DIETARY		30,440	240,450			10
11 CAFETERIA				201,120		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		7,893		2,628	117,296	13
14 CENTRAL SERVICES & SUPPLY	33,018	10,227		2,686		14
15 PHARMACY		4,950		5,476	5,476	15
16 MEDICAL RECORDS & LIBRARY		2,771		6,188		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	975,305	121,592	194,793	42,506	42,506	30
31 INTENSIVE CARE UNIT	63,496	11,634	17,691	6,811	6,811	31
32 CORONARY CARE UNIT	58,417	8,867	12,882	4,418	4,418	32
40 SUBPROVIDER - IPF	25,399	20,826	15,084	4,033		40
43 NURSERY	12,699	6,912		4,383	4,383	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	459,714	78,350		15,255	15,255	50
51 RECOVERY ROOM	45,717	11,960		4,158	4,158	51
52 DELIVERY ROOM & LABOR ROOM	172,710	24,824		6,620	6,620	52
53 ANESTHESIOLOGY		1,718		440	440	53
54 RADIOLOGY-DIAGNOSTIC	170,170	36,171		6,805		54
55 RADIOLOGY-THERAPEUTIC	2,540	47,506		2,565		55
56 RADIOISOTOPE	25,399	3,282		564	564	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,910		1,551		57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,225		1,179		58
60 LABORATORY	2,540	27,434		33,789		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		1,253		1,138		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		3,316		3,840	3,840	65
66 PHYSICAL THERAPY	27,938	7,217		3,652	3,652	66
67 OCCUPATIONAL THERAPY		316		813	813	67
68 SPEECH PATHOLOGY		459		653	653	68
69 ELECTROCARDIOLOGY	81,275	23,512		6,066	6,066	69
70 ELECTROENCEPHALOGRAPHY	35,558	4,664		1,446	1,446	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB				611		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	17,779	2,928		412		75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,699	14,737		15,537		90
90.01 PATIENT TREATMENT CENTER	17,779	5,889		1,870		90.01
90.02 REHAB SERVICES-BLOOMINGDALE				706		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		5,436		917		90.04
90.05 WOMEN'S CLINIC				509		90.05
91 EMERGENCY	264,145	29,394		10,195	10,195	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/28/2012 16:04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	NURSING ADMINI- STRATION (DIRECT NRSNG HRS) 13	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,529,696	564,613	240,450	200,420	117,296	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH				482		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER				218		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	943,542	7,864,117	7,034,700	1,477,408	5,722,426	202
203 UNIT COST MULT-WS B PT I	0.372986	13.928331	29.256394	7.345903	48.786199	203
204 COST TO BE ALLOC PER B PT II	393,011	1,196,005	2,540,048	4,927	680,753	204
205 UNIT COST MULT-WS B PT II	0.155359	2.118274	10.563726	0.024498	5.803719	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.10 NON PATIENT TELEPHONES				5.10
5.30 PURCHASING AND STORES				5.30
5.40 ADMITTING				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS				5.50
5.60 ADMINISTRATION & GENERAL				5.60
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	1,000			14
15 PHARMACY		19,403,557		15
16 MEDICAL RECORDS & LIBRARY			1,967,315,977	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		20,815	161,939,770	30
31 INTENSIVE CARE UNIT		262	23,414,068	31
32 CORONARY CARE UNIT		179	17,769,102	32
40 SUBPROVIDER - IPF		104	14,588,077	40
43 NURSERY		29	30,965,356	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		64,200	106,059,899	50
51 RECOVERY ROOM		56	18,625,276	51
52 DELIVERY ROOM & LABOR ROOM		4,793	31,761,176	52
53 ANESTHESIOLOGY		192,986	25,638,642	53
54 RADIOLOGY-DIAGNOSTIC		24,866	69,407,390	54
55 RADIOLOGY-THERAPEUTIC		96	16,338,069	55
56 RADIOISOTOPE		2,119	18,153,400	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		370,836	103,455,558	57
58 MAGNETIC RESONANCE IMAGING (MRI)		60,984	41,834,314	58
60 LABORATORY		8,532	307,842,072	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			15,062,577	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY		991	26,729,144	65
66 PHYSICAL THERAPY		1,627	15,154,899	66
67 OCCUPATIONAL THERAPY			5,202,954	67
68 SPEECH PATHOLOGY			4,311,413	68
69 ELECTROCARDIOLOGY		101,360	122,231,332	69
70 ELECTROENCEPHALOGRAPHY		248	12,873,491	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	569		254,526,064	71
72 IMPL. DEV. CHARGED TO PATIENT	431		149,115,997	72
73 DRUGS CHARGED TO PATIENTS		17,507,756	202,678,050	73
74 RENAL DIALYSIS			4,352,026	74
75.01 CARDIAC REHAB		167	1,829,233	75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT			3,054,628	75.04
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		1,004,254	38,572,640	90
90.01 PATIENT TREATMENT CENTER		16,036	5,152,136	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			3,326,677	90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P			10,856,564	90.04
90.05 WOMEN'S CLINIC			262,514	90.05
91 EMERGENCY		20,261	104,231,469	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	1,000	19,403,557	1,967,315,977	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
190.01 KOFEE KORNER				190.01
191 RESEARCH				191
192.01 WSKF				192.01
193.01 DEVELOPMENT				193.01
193.02 MARKETING				193.02
193.04 PHYSICIAN ANSWERING SERVICE				193.04
193.05 CAR SEAT SAFETY PROGRAM				193.05
193.07 JOINT VENTURE				193.07
193.08 PARKINSONS CENTER				193.08
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	5,232,465	8,759,252	5,832,333	202
203 UNIT COST MULT-WS B PT I	5,232.465000	0.451425	0.002965	203
204 COST TO BE ALLOC PER B PT II	881,085	476,678	267,947	204
205 UNIT COST MULT-WS B PT II	881.085000	0.024567	0.000136	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	76,767,726		76,767,726	101,409	76,869,135	30
31 INTENSIVE CARE UNIT	11,703,783		11,703,783		11,703,783	31
32 CORONARY CARE UNIT	8,135,091		8,135,091		8,135,091	32
40 SUBPROVIDER - IPF	7,479,857		7,479,857		7,479,857	40
43 NURSERY	9,700,026		9,700,026		9,700,026	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,610,853		34,610,853		34,610,853	50
51 RECOVERY ROOM	6,839,337		6,839,337		6,839,337	51
52 DELIVERY ROOM & LABOR ROOM	13,098,814		13,098,814		13,098,814	52
53 ANESTHESIOLOGY	1,682,508		1,682,508		1,682,508	53
54 RADIOLOGY-DIAGNOSTIC	14,104,316		14,104,316		14,104,316	54
55 RADIOLOGY-THERAPEUTIC	13,577,476		13,577,476		13,577,476	55
56 RADIOISOTOPE	2,136,773		2,136,773	247	2,137,020	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,000,272		4,000,272		4,000,272	57
58 MAGNETIC RESONANCE IMAGING	2,859,020		2,859,020		2,859,020	58
60 LABORATORY	39,448,176		39,448,176		39,448,176	60
62 WHOLE BLOOD & PCKD RED BLOO	5,665,370		5,665,370		5,665,370	62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	4,660,715		4,660,715		4,660,715	65
66 PHYSICAL THERAPY	5,517,492		5,517,492		5,517,492	66
67 OCCUPATIONAL THERAPY	1,143,053		1,143,053		1,143,053	67
68 SPEECH PATHOLOGY	984,785		984,785		984,785	68
69 ELECTROCARDIOLOGY	17,139,878		17,139,878	52,703	17,192,581	69
70 ELECTROENCEPHALOGRAPHY	2,590,822		2,590,822		2,590,822	70
71 MEDICAL SUPPLIES CHRGED TO	34,050,913		34,050,913		34,050,913	71
72 IMPL. DEV. CHARGED TO PATIE	39,821,441		39,821,441		39,821,441	72
73 DRUGS CHARGED TO PATIENTS	31,037,043		31,037,043		31,037,043	73
74 RENAL DIALYSIS	69,522		69,522		69,522	74
75.01 CARDIAC REHAB	790,607		790,607		790,607	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	931,586		931,586		931,586	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	17,754,513		17,754,513		17,754,513	90
90.01 PATIENT TREATMENT CENTER	2,988,060		2,988,060		2,988,060	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	787,749		787,749		787,749	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	3,475,251		3,475,251		3,475,251	90.04
90.05 WOMEN'S CLINIC	523,332		523,332		523,332	90.05
91 EMERGENCY	18,008,346		18,008,346	25,317	18,033,663	91
92 OBSERVATION BEDS	6,684,347		6,684,347		6,684,347	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	440,768,853		440,768,853	179,676	440,948,529	200
201 LESS OBSERVATION BEDS	6,684,347		6,684,347		6,684,347	201
202 TOTAL (SEE INSTRUCTIONS)	434,084,506		434,084,506	179,676	434,264,182	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	142,191,559		142,191,559			30
31 INTENSIVE CARE UNIT	23,414,068		23,414,068			31
32 CORONARY CARE UNIT	17,769,102		17,769,102			32
40 SUBPROVIDER - IPF	14,588,077		14,588,077			40
43 NURSERY	30,965,356		30,965,356			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	53,494,992	52,564,907	106,059,899	0.326333	0.326333	0.326333 50
51 RECOVERY ROOM	9,540,903	9,084,373	18,625,276	0.367207	0.367207	0.367207 51
52 DELIVERY ROOM & LABOR ROOM	23,745,592	8,015,584	31,761,176	0.412416	0.412416	0.412416 52
53 ANESTHESIOLOGY	13,019,902	12,618,740	25,638,642	0.065624	0.065624	0.065624 53
54 RADIOLOGY-DIAGNOSTIC	18,144,251	51,263,139	69,407,390	0.203211	0.203211	0.203211 54
55 RADIOLOGY-THERAPEUTIC	107,284	16,230,785	16,338,069	0.831033	0.831033	0.831033 55
56 RADIOISOTOPE	4,500,595	13,652,805	18,153,400	0.117706	0.117706	0.117720 56
57 COMPUTED TOMOGRAPHY (CT) SC	27,544,118	75,911,440	103,455,558	0.038667	0.038667	0.038667 57
58 MAGNETIC RESONANCE IMAGING	11,208,975	30,625,339	41,834,314	0.068342	0.068342	0.068342 58
60 LABORATORY	63,845,412	243,996,660	307,842,072	0.128144	0.128144	0.128144 60
62 WHOLE BLOOD & PCKD RED BLOO	9,316,877	5,745,700	15,062,577	0.376122	0.376122	0.376122 62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	25,347,153	1,381,991	26,729,144	0.174368	0.174368	0.174368 65
66 PHYSICAL THERAPY	5,973,318	9,181,581	15,154,899	0.364073	0.364073	0.364073 66
67 OCCUPATIONAL THERAPY	3,021,495	2,181,459	5,202,954	0.219693	0.219693	0.219693 67
68 SPEECH PATHOLOGY	2,397,092	1,914,321	4,311,413	0.228414	0.228414	0.228414 68
69 ELECTROCARDIOLOGY	67,859,367	54,371,965	122,231,332	0.140225	0.140225	0.140656 69
70 ELECTROENCEPHALOGRAPHY	3,955,197	8,918,294	12,873,491	0.201252	0.201252	0.201252 70
71 MEDICAL SUPPLIES CHRGED TO	172,069,392	82,456,672	254,526,064	0.133782	0.133782	0.133782 71
72 IMPL. DEV. CHARGED TO PATIE	121,996,353	27,119,644	149,115,997	0.267050	0.267050	0.267050 72
73 DRUGS CHARGED TO PATIENTS	127,268,911	75,409,139	202,678,050	0.153135	0.153135	0.153135 73
74 RENAL DIALYSIS	4,270,786	81,240	4,352,026	0.015975	0.015975	0.015975 74
75.01 CARDIAC REHAB		1,829,233	1,829,233	0.432207	0.432207	0.432207 75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	55,931	2,998,697	3,054,628	0.304975	0.304975	0.304975 75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	49,579	38,523,061	38,572,640	0.460288	0.460288	0.460288 90
90.01 PATIENT TREATMENT CENTER	421,857	4,730,279	5,152,136	0.579965	0.579965	0.579965 90.01
90.02 REHAB SERVICES-BLOOMINGDALE		3,326,677	3,326,677	0.236798	0.236798	0.236798 90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	2,021	10,854,543	10,856,564	0.320106	0.320106	0.320106 90.04
90.05 WOMEN'S CLINIC		262,514	262,514	1.993539	1.993539	1.993539 90.05
91 EMERGENCY	31,160,962	73,070,507	104,231,469	0.172773	0.172773	0.173016 91
92 OBSERVATION BEDS	5,547,731	14,200,480	19,748,211	0.338479	0.338479	0.338479 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	1,034,794,208	932,521,769	1,967,315,977			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,034,794,208	932,521,769	1,967,315,977			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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	12,776,740		12,776,740	71,115	179.66	26,010	4,672,957	30
31 INTENSIVE CARE UNIT	1,251,508		1,251,508	5,897	212.23	2,040	432,949	31
32 CORONARY CARE UNIT	938,568		938,568	4,294	218.58	2,127	464,920	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	1,942,042		1,942,042	5,028	386.25	1,231	475,474	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	640,740		640,740	12,891	49.70			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	17,549,598		17,549,598	99,225		31,408	6,046,300	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0242) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	6,782,116	106,059,899	0.063946	18,555,603	1,186,557		50
51	RECOVERY ROOM	1,051,424	18,625,276	0.056451	3,553,190	200,581		51
52	DELIVERY ROOM & LABOR ROOM	2,177,972	31,761,176	0.068573	56,225	3,856		52
53	ANESTHESIOLOGY	166,849	25,638,642	0.006508	5,733,598	37,314		53
54	RADIOLOGY-DIAGNOSTIC	3,101,139	69,407,390	0.044680	8,830,529	394,548		54
55	RADIOLOGY-THERAPEUTIC	3,967,181	16,338,069	0.242818	53,608	13,017		55
56	RADIOISOTOPE	306,616	18,153,400	0.016890	2,521,375	42,586		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	364,259	103,455,558	0.003521	14,127,211	49,742		57
58	MAGNETIC RESONANCE IMAGING (M)	368,661	41,834,314	0.008812	4,907,397	43,244		58
60	LABORATORY	2,516,215	307,842,072	0.008174	29,300,677	239,504		60
62	WHOLE BLOOD & PCKD RED BLOOD	224,154	15,062,577	0.014882	4,156,118	61,851		62
62.30	BLOOD CLOTTING FACTORS ADMIN							62.30
65	RESPIRATORY THERAPY	321,202	26,729,144	0.012017	10,701,471	128,600		65
66	PHYSICAL THERAPY	648,868	15,154,899	0.042816	3,216,049	137,698		66
67	OCCUPATIONAL THERAPY	38,502	5,202,954	0.007400	1,734,114	12,832		67
68	SPEECH PATHOLOGY	45,663	4,311,413	0.010591	1,295,879	13,725		68
69	ELECTROCARDIOLOGY	2,083,797	122,231,332	0.017048	32,338,950	551,314		69
70	ELECTROENCEPHALOGRAPHY	409,336	12,873,491	0.031797	1,104,735	35,127		70
71	MEDICAL SUPPLIES CHRGED TO PA	651,310	254,526,064	0.002559	69,125,679	176,893		71
72	IMPL. DEV. CHARGED TO PATIENT	532,174	149,115,997	0.003569	50,434,612	180,001		72
73	DRUGS CHARGED TO PATIENTS	544,158	202,678,050	0.002685	51,045,535	137,057		73
74	RENAL DIALYSIS	6,469	4,352,026	0.001486	2,809,837	4,175		74
75.01	CARDIAC REHAB	3,207	1,829,233	0.001753				75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	247,915	3,054,628	0.081160	24,104	1,956		75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,313,551	38,572,640	0.034054	39,424	1,343		90
90.01	PATIENT TREATMENT CENTER	500,077	5,152,136	0.097062	258,678	25,108		90.01
90.02	REHAB SERVICES-BLOOMINGDALE	3,337	3,326,677	0.001003				90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	468,597	10,856,564	0.043163				90.04
90.05	WOMEN'S CLINIC	1,796	262,514	0.006842				90.05
91	EMERGENCY	2,629,680	104,231,469	0.025229	15,966,252	402,813		91
92	OBSERVATION BEDS	1,111,032	19,748,211	0.056260	3,173,597	178,547		92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	32,587,257	1,738,387,815	1,738,387,815	335,064,447	4,259,989		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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	71,115		26,010		30
31	INTENSIVE CARE UNIT	5,897		2,040		31
32	CORONARY CARE UNIT	4,294		2,127		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	5,028		1,231		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	12,891				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	99,225		31,408		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] 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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT						75.04
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 PATIENT TREATMENT CENTER						90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	106,059,899			18,555,603		8,548,070	50
51 RECOVERY ROOM	18,625,276			3,553,190		1,363,177	51
52 DELIVERY ROOM & LABOR ROOM	31,761,176			56,225		130,390	52
53 ANESTHESIOLOGY	25,638,642			5,733,598		1,796,391	53
54 RADIOLOGY-DIAGNOSTIC	69,407,390			8,830,529		9,246,945	54
55 RADIOLOGY-THERAPEUTIC	16,338,069			53,608		5,693,253	55
56 RADIOISOTOPE	18,153,400			2,521,375		3,899,305	56
57 COMPUTED TOMOGRAPHY (CT) SCA	103,455,558			14,127,211		18,806,043	57
58 MAGNETIC RESONANCE IMAGING (	41,834,314			4,907,397		6,581,846	58
60 LABORATORY	307,842,072			29,300,677		4,282,860	60
62 WHOLE BLOOD & PCKD RED BLOOD	15,062,577			4,156,118		875,625	62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	26,729,144			10,701,471		365,754	65
66 PHYSICAL THERAPY	15,154,899			3,216,049		860	66
67 OCCUPATIONAL THERAPY	5,202,954			1,734,114			67
68 SPEECH PATHOLOGY	4,311,413			1,295,879		1,058	68
69 ELECTROCARDIOLOGY	122,231,332			32,338,950		20,678,206	69
70 ELECTROENCEPHALOGRAPHY	12,873,491			1,104,735		1,530,982	70
71 MEDICAL SUPPLIES CHRGED TO P	254,526,064			69,125,679		15,929,169	71
72 IMPL. DEV. CHARGED TO PATIEN	149,115,997			50,434,612		11,666,767	72
73 DRUGS CHARGED TO PATIENTS	202,678,050			51,045,535		20,597,076	73
74 RENAL DIALYSIS	4,352,026			2,809,837		3,256	74
75.01 CARDIAC REHAB	1,829,233					779,204	75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	3,054,628			24,104		1,359,720	75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	38,572,640			39,424		3,794,093	90
90.01 PATIENT TREATMENT CENTER	5,152,136			258,678		1,646,985	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,326,677					105	90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	10,856,564					257,586	90.04
90.05 WOMEN'S CLINIC	262,514					94,650	90.05
91 EMERGENCY	104,231,469			15,966,252		10,462,663	91
92 OBSERVATION BEDS	19,748,211			3,173,597		3,040,332	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,738,387,815			335,064,447		153,432,371	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] 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	COST	COST
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT	SERVICES	SVCES NOT
FROM WKST C,	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	SERVICES	DED & COINS	
PT I, COL. 9	2	3	4	5	6	7		
1								
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.326333	8,548,070			2,789,517			50
51 RECOVERY ROOM	0.367207	1,363,177			500,568			51
52 DELIVERY ROOM & LABOR ROOM	0.412416	130,390			53,775			52
53 ANESTHESIOLOGY	0.065624	1,796,391			117,886			53
54 RADIOLOGY-DIAGNOSTIC	0.203211	9,246,945			1,879,081			54
55 RADIOLOGY-THERAPEUTIC	0.831033	5,693,253			4,731,281			55
56 RADIOISOTOPE	0.117706	3,899,305			458,972			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667	18,806,043			727,173			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342	6,581,846			449,817			58
60 LABORATORY	0.128144	4,282,860			548,823			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122	875,625			329,342			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.174368	365,754			63,776			65
66 PHYSICAL THERAPY	0.364073	860			313			66
67 OCCUPATIONAL THERAPY	0.219693							67
68 SPEECH PATHOLOGY	0.228414	1,058			242			68
69 ELECTROCARDIOLOGY	0.140225	20,678,206			2,899,601			69
70 ELECTROENCEPHALOGRAPHY	0.201252	1,530,982			308,113			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782	15,929,169			2,131,036			71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050	11,666,767			3,115,610			72
73 DRUGS CHARGED TO PATIENTS	0.153135	20,597,076		35,727	3,154,133		5,471	73
74 RENAL DIALYSIS	0.015975	3,256			52			74
75.01 CARDIAC REHAB	0.432207	779,204			336,777			75.01
75.02 SLEEP LAB								75.02
75.03 INPATIENT DIALYSIS								75.03
75.04 PAIN MANAGEMENT	0.304975	1,359,720			414,681			75.04
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.460288	3,794,093			1,746,375			90
90.01 PATIENT TREATMENT CENTER	0.579965	1,646,985			955,194			90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798	105			25			90.02
90.03 CANTERA								90.03
90.04 MENTAL HEALTH O/P	0.320106	257,586			82,455			90.04
90.05 WOMEN'S CLINIC	1.993539	94,650			188,688			90.05
91 EMERGENCY	0.172773	10,462,663			1,807,666			91
92 OBSERVATION BEDS	0.338479	3,040,332			1,029,089			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		153,432,371		35,727	30,820,061		5,471	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		153,432,371		35,727	30,820,061		5,471	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-S242) [] 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	6,782,116	106,059,899	0.063946				50
51	RECOVERY ROOM	1,051,424	18,625,276	0.056451	31,334	1,769		51
52	DELIVERY ROOM & LABOR ROOM	2,177,972	31,761,176	0.068573				52
53	ANESTHESIOLOGY	166,849	25,638,642	0.006508	18,174	118		53
54	RADIOLOGY-DIAGNOSTIC	3,101,139	69,407,390	0.044680	22,111	988		54
55	RADIOLOGY-THERAPEUTIC	3,967,181	16,338,069	0.242818				55
56	RADIOISOTOPE	306,616	18,153,400	0.016890				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	364,259	103,455,558	0.003521	68,393	241		57
58	MAGNETIC RESONANCE IMAGING (M)	368,661	41,834,314	0.008812	20,399	180		58
60	LABORATORY	2,516,215	307,842,072	0.008174	303,083	2,477		60
62	WHOLE BLOOD & PCKD RED BLOOD	224,154	15,062,577	0.014882				62
62.30	BLOOD CLOTTING FACTORS ADMIN							62.30
65	RESPIRATORY THERAPY	321,202	26,729,144	0.012017	21,869	263		65
66	PHYSICAL THERAPY	648,868	15,154,899	0.042816	4,268	183		66
67	OCCUPATIONAL THERAPY	38,502	5,202,954	0.007400	2,304	17		67
68	SPEECH PATHOLOGY	45,663	4,311,413	0.010591	1,679	18		68
69	ELECTROCARDIOLOGY	2,083,797	122,231,332	0.017048	20,817	355		69
70	ELECTROENCEPHALOGRAPHY	409,336	12,873,491	0.031797	759	24		70
71	MEDICAL SUPPLIES CHRGED TO PA	651,310	254,526,064	0.002559	36,727	94		71
72	IMPL. DEV. CHARGED TO PATIENT	532,174	149,115,997	0.003569				72
73	DRUGS CHARGED TO PATIENTS	544,158	202,678,050	0.002685	869,743	2,335		73
74	RENAL DIALYSIS	6,469	4,352,026	0.001486				74
75.01	CARDIAC REHAB	3,207	1,829,233	0.001753				75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	247,915	3,054,628	0.081160				75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,313,551	38,572,640	0.034054				90
90.01	PATIENT TREATMENT CENTER	500,077	5,152,136	0.097062				90.01
90.02	REHAB SERVICES-BLOOMINGDALE	3,337	3,326,677	0.001003				90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	468,597	10,856,564	0.043163				90.04
90.05	WOMEN'S CLINIC	1,796	262,514	0.006842				90.05
91	EMERGENCY	2,629,680	104,231,469	0.025229	153,855	3,882		91
92	OBSERVATION BEDS	1,111,032	19,748,211	0.056260				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	32,587,257	1,738,387,815	1,738,387,815	1,575,515	12,944		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-S242) [] 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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT						75.04
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 PATIENT TREATMENT CENTER						90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU	COSTS
	(FROM WKST	CHARGES	CHARGES	PGM	(COL. 8 x	CHARGES	(COL. 9 x
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	COL. 10)	CHARGES	COL. 12)
	COL. 8)	COL. 7)	COL. 7)	10	11	12	13
	7	8	9				
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	106,059,899						50
51 RECOVERY ROOM	18,625,276			31,334			51
52 DELIVERY ROOM & LABOR ROOM	31,761,176						52
53 ANESTHESIOLOGY	25,638,642			18,174			53
54 RADIOLOGY-DIAGNOSTIC	69,407,390			22,111			54
55 RADIOLOGY-THERAPEUTIC	16,338,069						55
56 RADIOISOTOPE	18,153,400						56
57 COMPUTED TOMOGRAPHY (CT) SCA	103,455,558			68,393			57
58 MAGNETIC RESONANCE IMAGING (	41,834,314			20,399			58
60 LABORATORY	307,842,072			303,083			60
62 WHOLE BLOOD & PCKD RED BLOOD	15,062,577						62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	26,729,144			21,869			65
66 PHYSICAL THERAPY	15,154,899			4,268			66
67 OCCUPATIONAL THERAPY	5,202,954			2,304			67
68 SPEECH PATHOLOGY	4,311,413			1,679			68
69 ELECTROCARDIOLOGY	122,231,332			20,817			69
70 ELECTROENCEPHALOGRAPHY	12,873,491			759			70
71 MEDICAL SUPPLIES CHRGED TO P	254,526,064			36,727			71
72 IMPL. DEV. CHARGED TO PATIEN	149,115,997						72
73 DRUGS CHARGED TO PATIENTS	202,678,050			869,743			73
74 RENAL DIALYSIS	4,352,026						74
75.01 CARDIAC REHAB	1,829,233						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	3,054,628						75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	38,572,640						90
90.01 PATIENT TREATMENT CENTER	5,152,136						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,326,677						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	10,856,564					10,775	90.04
90.05 WOMEN'S CLINIC	262,514						90.05
91 EMERGENCY	104,231,469			153,855			91
92 OBSERVATION BEDS	19,748,211						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,738,387,815			1,575,515		10,775	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-S242) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	SERVICES	SVCES NOT	COST	COST	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.326333						50
51 RECOVERY ROOM	0.367207						51
52 DELIVERY ROOM & LABOR ROOM	0.412416						52
53 ANESTHESIOLOGY	0.065624						53
54 RADIOLOGY-DIAGNOSTIC	0.203211						54
55 RADIOLOGY-THERAPEUTIC	0.831033						55
56 RADIOISOTOPE	0.117706						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342						58
60 LABORATORY	0.128144						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122						62
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.174368						65
66 PHYSICAL THERAPY	0.364073						66
67 OCCUPATIONAL THERAPY	0.219693						67
68 SPEECH PATHOLOGY	0.228414						68
69 ELECTROCARDIOLOGY	0.140225						69
70 ELECTROENCEPHALOGRAPHY	0.201252						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782						71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050						72
73 DRUGS CHARGED TO PATIENTS	0.153135						73
74 RENAL DIALYSIS	0.015975						74
75.01 CARDIAC REHAB	0.432207						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.304975						75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.460288						90
90.01 PATIENT TREATMENT CENTER	0.579965						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.320106	10,775			3,449		90.04
90.05 WOMEN'S CLINIC	1.993539						90.05
91 EMERGENCY	0.172773						91
92 OBSERVATION BEDS	0.338479						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		10,775			3,449		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		10,775			3,449		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.01 CARDIAC REHAB					75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT					75.04
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 PATIENT TREATMENT CENTER					90.01
90.02 REHAB SERVICES-BLOOMINGDALE					90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P					90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT						75.04
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 PATIENT TREATMENT CENTER						90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	CHARGES	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	106,059,899						50
51 RECOVERY ROOM	18,625,276						51
52 DELIVERY ROOM & LABOR ROOM	31,761,176						52
53 ANESTHESIOLOGY	25,638,642						53
54 RADIOLOGY-DIAGNOSTIC	69,407,390						54
55 RADIOLOGY-THERAPEUTIC	16,338,069						55
56 RADIOISOTOPE	18,153,400						56
57 COMPUTED TOMOGRAPHY (CT) SCA	103,455,558						57
58 MAGNETIC RESONANCE IMAGING (	41,834,314						58
60 LABORATORY	307,842,072						60
62 WHOLE BLOOD & PCKD RED BLOOD	15,062,577						62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	26,729,144						65
66 PHYSICAL THERAPY	15,154,899						66
67 OCCUPATIONAL THERAPY	5,202,954						67
68 SPEECH PATHOLOGY	4,311,413						68
69 ELECTROCARDIOLOGY	122,231,332						69
70 ELECTROENCEPHALOGRAPHY	12,873,491						70
71 MEDICAL SUPPLIES CHRGED TO P	254,526,064						71
72 IMPL. DEV. CHARGED TO PATIEN	149,115,997						72
73 DRUGS CHARGED TO PATIENTS	202,678,050						73
74 RENAL DIALYSIS	4,352,026						74
75.01 CARDIAC REHAB	1,829,233						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	3,054,628						75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	38,572,640						90
90.01 PATIENT TREATMENT CENTER	5,152,136						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,326,677						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	10,856,564						90.04
90.05 WOMEN'S CLINIC	262,514						90.05
91 EMERGENCY	104,231,469						91
92 OBSERVATION BEDS	19,748,211						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,738,387,815						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S242) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.01 CARDIAC REHAB					75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT					75.04
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 PATIENT TREATMENT CENTER					90.01
90.02 REHAB SERVICES-BLOOMINGDALE					90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P					90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S242) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT						75.04
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 PATIENT TREATMENT CENTER						90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S242) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	CHARGES	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	106,059,899						50
51 RECOVERY ROOM	18,625,276						51
52 DELIVERY ROOM & LABOR ROOM	31,761,176						52
53 ANESTHESIOLOGY	25,638,642						53
54 RADIOLOGY-DIAGNOSTIC	69,407,390						54
55 RADIOLOGY-THERAPEUTIC	16,338,069						55
56 RADIOISOTOPE	18,153,400						56
57 COMPUTED TOMOGRAPHY (CT) SCA	103,455,558						57
58 MAGNETIC RESONANCE IMAGING (	41,834,314						58
60 LABORATORY	307,842,072						60
62 WHOLE BLOOD & PCKD RED BLOOD	15,062,577						62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	26,729,144						65
66 PHYSICAL THERAPY	15,154,899						66
67 OCCUPATIONAL THERAPY	5,202,954						67
68 SPEECH PATHOLOGY	4,311,413						68
69 ELECTROCARDIOLOGY	122,231,332						69
70 ELECTROENCEPHALOGRAPHY	12,873,491						70
71 MEDICAL SUPPLIES CHRGED TO P	254,526,064						71
72 IMPL. DEV. CHARGED TO PATIEN	149,115,997						72
73 DRUGS CHARGED TO PATIENTS	202,678,050						73
74 RENAL DIALYSIS	4,352,026						74
75.01 CARDIAC REHAB	1,829,233						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	3,054,628						75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	38,572,640						90
90.01 PATIENT TREATMENT CENTER	5,152,136						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,326,677						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	10,856,564						90.04
90.05 WOMEN'S CLINIC	262,514						90.05
91 EMERGENCY	104,231,469						91
92 OBSERVATION BEDS	19,748,211						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,738,387,815						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-S242) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	SERVICES	SVCES NOT	COST	COST	
	CHARGE RATIO FROM WKST C, PT I, COL. 9 1	REIMBURSED SERVICES 2	SUBJECT TO DED & COINS 3	SUBJECT TO DED & COINS 4	PPS SERVICES 5	SUBJECT TO DED & COINS 6	SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.326333						50
51 RECOVERY ROOM	0.367207						51
52 DELIVERY ROOM & LABOR ROOM	0.412416						52
53 ANESTHESIOLOGY	0.065624						53
54 RADIOLOGY-DIAGNOSTIC	0.203211						54
55 RADIOLOGY-THERAPEUTIC	0.831033						55
56 RADIOISOTOPE	0.117706						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342						58
60 LABORATORY	0.128144						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122						62
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.174368						65
66 PHYSICAL THERAPY	0.364073						66
67 OCCUPATIONAL THERAPY	0.219693						67
68 SPEECH PATHOLOGY	0.228414						68
69 ELECTROCARDIOLOGY	0.140225						69
70 ELECTROENCEPHALOGRAPHY	0.201252						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782						71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050						72
73 DRUGS CHARGED TO PATIENTS	0.153135						73
74 RENAL DIALYSIS	0.015975						74
75.01 CARDIAC REHAB	0.432207						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.304975						75.04
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.460288						90
90.01 PATIENT TREATMENT CENTER	0.579965						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.320106						90.04
90.05 WOMEN'S CLINIC	1.993539						90.05
91 EMERGENCY	0.172773						91
92 OBSERVATION BEDS	0.338479						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0242)	[]	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)	71,115	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	71,115	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71,115	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)	26,010	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)	76,869,135	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	76,869,135	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	150,406,499	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	150,406,499	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.511076	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)	2,114.98	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)	76,869,135	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0242) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,080.91 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 28,114,469 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) 28,114,469 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	11,703,783	5,897	1,984.70	2,040	4,048,788	43
44 CORONARY CARE UNIT	8,135,091	4,294	1,894.53	2,127	4,029,665	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					59,169,942	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					95,362,864	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,570,826 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,259,989 51
 52 TOTAL PROGRAM EXCLUDABLE COST 9,830,815 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 85,532,049 53

TARGET AMOUNT AND LIMIT COMPUTATION
 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) 6,184 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,080.91 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,684,347 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,776,740	76,869,135	0.166214	6,684,347	1,111,032	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S242)	[]	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)	5,028	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,028	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,028	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,231	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)	7,479,857	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	7,479,857	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,388,860	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,388,860	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.519837	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)	2,861.75	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)	7,479,857	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-S242) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,487.64 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,831,285 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,831,285 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	234,127 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,065,412 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	475,474 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,944 51
52	TOTAL PROGRAM EXCLUDABLE COST	488,418 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,576,994 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	71,115	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	71,115	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71,115	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)	7,227	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)	12,891	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,496	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)	76,767,726	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	76,767,726	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	150,406,499	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	150,406,499	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.510402	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)	2,114.98	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)	76,767,726	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,079.49 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,801,474 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) 7,801,474 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)	9,700,026	12,891	752.46	2,496	1,878,140	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	11,703,783	5,897	1,984.70	795	1,577,837	43
44 CORONARY CARE UNIT	8,135,091	4,294	1,894.53	250	473,633	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					11,731,084	49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 6,184 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S242) [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,487.64 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	898,535 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)	898,535 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	898,535 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		58,307,474			30
31 INTENSIVE CARE UNIT		8,398,398			31
32 CORONARY CARE UNIT		9,248,285			32
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.326333	18,555,603	6,055,306		50
51 RECOVERY ROOM	0.367207	3,553,190	1,304,756		51
52 DELIVERY ROOM & LABOR ROOM	0.412416	56,225	23,188		52
53 ANESTHESIOLOGY	0.065624	5,733,598	376,262		53
54 RADIOLOGY-DIAGNOSTIC	0.203211	8,830,529	1,794,461		54
55 RADIOLOGY-THERAPEUTIC	0.831033	53,608	44,550		55
56 RADIOISOTOPE	0.117720	2,521,375	296,816		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667	14,127,211	546,257		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342	4,907,397	335,381		58
60 LABORATORY	0.128144	29,300,677	3,754,706		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122	4,156,118	1,563,207		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.174368	10,701,471	1,865,994		65
66 PHYSICAL THERAPY	0.364073	3,216,049	1,170,877		66
67 OCCUPATIONAL THERAPY	0.219693	1,734,114	380,973		67
68 SPEECH PATHOLOGY	0.228414	1,295,879	295,997		68
69 ELECTROCARDIOLOGY	0.140656	32,338,950	4,548,667		69
70 ELECTROENCEPHALOGRAPHY	0.201252	1,104,735	222,330		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782	69,125,679	9,247,772		71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050	50,434,612	13,468,563		72
73 DRUGS CHARGED TO PATIENTS	0.153135	51,045,535	7,816,858		73
74 RENAL DIALYSIS	0.015975	2,809,837	44,887		74
75.01 CARDIAC REHAB	0.432207				75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT	0.304975	24,104	7,351		75.04
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.460288	39,424	18,146		90
90.01 PATIENT TREATMENT CENTER	0.579965	258,678	150,024		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798				90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P	0.320106				90.04
90.05 WOMEN'S CLINIC	1.993539				90.05
91 EMERGENCY	0.173016	15,966,252	2,762,417		91
92 OBSERVATION BEDS	0.338479	3,173,597	1,074,196		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		335,064,447	59,169,942		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		335,064,447			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-S242) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO COSTS	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		3,722,565		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.326333			50
51 RECOVERY ROOM	0.367207	31,334	11,506	51
52 DELIVERY ROOM & LABOR ROOM	0.412416			52
53 ANESTHESIOLOGY	0.065624	18,174	1,193	53
54 RADIOLOGY-DIAGNOSTIC	0.203211	22,111	4,493	54
55 RADIOLOGY-THERAPEUTIC	0.831033			55
56 RADIOISOTOPE	0.117720			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667	68,393	2,645	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342	20,399	1,394	58
60 LABORATORY	0.128144	303,083	38,838	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.174368	21,869	3,813	65
66 PHYSICAL THERAPY	0.364073	4,268	1,554	66
67 OCCUPATIONAL THERAPY	0.219693	2,304	506	67
68 SPEECH PATHOLOGY	0.228414	1,679	384	68
69 ELECTROCARDIOLOGY	0.140656	20,817	2,928	69
70 ELECTROENCEPHALOGRAPHY	0.201252	759	153	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782	36,727	4,913	71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050			72
73 DRUGS CHARGED TO PATIENTS	0.153135	869,743	133,188	73
74 RENAL DIALYSIS	0.015975			74
75.01 CARDIAC REHAB	0.432207			75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT	0.304975			75.04
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.460288			90
90.01 PATIENT TREATMENT CENTER	0.579965			90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798			90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P	0.320106			90.04
90.05 WOMEN'S CLINIC	1.993539			90.05
91 EMERGENCY	0.173016	153,855	26,619	91
92 OBSERVATION BEDS	0.338479			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,575,515	234,127	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,575,515		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.326333		50
51 RECOVERY ROOM	0.367207		51
52 DELIVERY ROOM & LABOR ROOM	0.412416		52
53 ANESTHESIOLOGY	0.065624		53
54 RADIOLOGY-DIAGNOSTIC	0.203211		54
55 RADIOLOGY-THERAPEUTIC	0.831033		55
56 RADIOISOTOPE	0.117706		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342		58
60 LABORATORY	0.128144		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.174368		65
66 PHYSICAL THERAPY	0.364073		66
67 OCCUPATIONAL THERAPY	0.219693		67
68 SPEECH PATHOLOGY	0.228414		68
69 ELECTROCARDIOLOGY	0.140225		69
70 ELECTROENCEPHALOGRAPHY	0.201252		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782		71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050		72
73 DRUGS CHARGED TO PATIENTS	0.153135		73
74 RENAL DIALYSIS	0.015975		74
75.01 CARDIAC REHAB	0.432207		75.01
75.02 SLEEP LAB			75.02
75.03 INPATIENT DIALYSIS			75.03
75.04 PAIN MANAGEMENT	0.304975		75.04
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.460288		90
90.01 PATIENT TREATMENT CENTER	0.579965		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798		90.02
90.03 CANTERA			90.03
90.04 MENTAL HEALTH O/P	0.320106		90.04
90.05 WOMEN'S CLINIC	1.993539		90.05
91 EMERGENCY	0.172773		91
92 OBSERVATION BEDS	0.338479		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S242) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO COSTS	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.326333		50
51 RECOVERY ROOM	0.367207		51
52 DELIVERY ROOM & LABOR ROOM	0.412416		52
53 ANESTHESIOLOGY	0.065624		53
54 RADIOLOGY-DIAGNOSTIC	0.203211		54
55 RADIOLOGY-THERAPEUTIC	0.831033		55
56 RADIOISOTOPE	0.117706		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038667		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068342		58
60 LABORATORY	0.128144		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.376122		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.174368		65
66 PHYSICAL THERAPY	0.364073		66
67 OCCUPATIONAL THERAPY	0.219693		67
68 SPEECH PATHOLOGY	0.228414		68
69 ELECTROCARDIOLOGY	0.140225		69
70 ELECTROENCEPHALOGRAPHY	0.201252		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133782		71
72 IMPL. DEV. CHARGED TO PATIENT	0.267050		72
73 DRUGS CHARGED TO PATIENTS	0.153135		73
74 RENAL DIALYSIS	0.015975		74
75.01 CARDIAC REHAB	0.432207		75.01
75.02 SLEEP LAB			75.02
75.03 INPATIENT DIALYSIS			75.03
75.04 PAIN MANAGEMENT	0.304975		75.04
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.460288		90
90.01 PATIENT TREATMENT CENTER	0.579965		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.236798		90.02
90.03 CANTERA			90.03
90.04 MENTAL HEALTH O/P	0.320106		90.04
90.05 WOMEN'S CLINIC	1.993539		90.05
91 EMERGENCY	0.172773		91
92 OBSERVATION BEDS	0.338479		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0242)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	61,956,062	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,716,126	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	294.06	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	66,672,188	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)	66,672,188	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,918,143	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0242)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	72,590,331	59
60	PRIMARY PAYER PAYMENTS	39,678	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	72,550,653	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,098,072	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	112,159	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	384,815	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	269,371	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	228,924	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	66,609,793	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)	66,609,793	71
72	INTERIM PAYMENTS	67,038,311	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-428,518	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 (14-0242) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,471	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	30,820,061	2
3	PPS PAYMENTS	24,326,555	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)	5,471	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	35,727	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)	35,727	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)	35,727	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	30,256	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	5,471	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)	24,326,555	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	5,403,145	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	18,928,881	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)	18,928,881	30
31	PRIMARY PAYER PAYMENTS	1,144	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	18,927,737	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)	427,592	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	299,314	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	306,574	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	19,227,051	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)	19,227,051	40
41	INTERIM PAYMENTS	18,928,305	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	298,746	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-S242) [] 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)	3,449	2
3	PPS PAYMENTS	4,216	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)	4,216	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	843	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)	3,373	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)	3,373	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	3,373	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)	3,373	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)	3,373	40
41	INTERIM PAYMENTS	3,373	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 (14-0242) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		66,319,771		18,928,305	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.		547,412		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 01/24/2011	171,128		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	171,128			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		67,038,311		18,928,305	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01			298,746	6.01
	PROVIDER PROVIDER TO .02	-67,038,311			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)	PROGRAM			19,227,051	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-S242) [] 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		1,041,381		3,373	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,041,381		3,373	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	5,278			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,046,659		3,373	7

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

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/28/2012 16:04

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0242) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	21,598	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	30,177	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	589	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	75,122	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,967,315,977	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	120,850,685	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-S242)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	961,323	1
2	NET IPF PPS OUTLIER PAYMENT	167,919	2
3	NET IPF PPS ECT PAYMENT	14,245	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.775342	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150^{-1}\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,143,487	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,143,487	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,143,487	18
19	DEDUCTIBLES	91,480	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,052,007	20
21	COINSURANCE	10,626	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,041,381	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	7,540	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,278	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,046,659	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,046,659	31
32	INTERIM PAYMENTS	1,041,381	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	5,278	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	11,731,084 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,731,084 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,731,084 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	11,731,084 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	11,731,084 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	11,731,084 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	11,731,084 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S242) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	898,535 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	898,535 4
5	INPATIENT PRIMARY PAYER PAYMENTS	739,598 5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	158,937 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	158,937 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	158,937 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	-739,598 27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	158,937 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	158,937 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	25,330,741			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	190,395,143			4
5 OTHER RECEIVABLES	32,864,646			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-112,682,869			6
7 INVENTORY	2,446,478			7
8 PREPAID EXPENSES	10,198,777			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	148,552,916			11
FIXED ASSETS				
12 LAND	4,916,541			12
13 LAND IMPROVEMENTS	22,280,100			13
14 ACCUMULATED DEPRECIATION	-8,116,117			14
15 BUILDINGS	520,652,541			15
16 ACCUMULATED DEPRECIATION	-100,103,905			16
17 LEASEHOLD IMPROVEMENTS	535,870			17
18 ACCUMULATED AMORTIZATION	-93,576			18
19 FIXED EQUIPMENT	58,933,314			19
20 ACCUMULATED DEPRECIATION	-28,498,260			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	210,406,076			23
24 ACCUMULATED DEPRECIATION	-148,862,201			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)	532,050,383			30
OTHER ASSETS				
31 INVESTMENTS	274,789,951			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	274,789,951			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	955,393,250			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	15,153,389			37
38 SALARIES, WAGES & FEES PAYABLE	35,861,691			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	85,385,485			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	136,400,565			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	14,932,470			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	14,932,470			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	151,333,035			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	804,060,215			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)	804,060,215			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF	955,393,250			60

LINES 51 AND 59)

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		778,092,064							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		143,235,852							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		921,327,916							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED	1,946,000								5
6 ROUNDING		299							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		1,946,299							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		923,274,215							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET EQUITY TRANSFERS	117,751,000								13
14 CHANGE INNET UNREALIZED G &	1,463,000								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		119,214,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		804,060,215							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	173,156,915		173,156,915	1
2 SUBPROVIDER IPF	14,588,077		14,588,077	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	187,744,992		187,744,992	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	23,414,068		23,414,068	11
12 CORONARY CARE UNIT	17,769,102		17,769,102	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	41,183,170		41,183,170	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	228,928,162		228,928,162	17
18 ANCILLARY SERVICES	804,981,905		804,981,905	18
19 OUTPATIENT SERVICES		933,405,905	933,405,905	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PROFESSIONAL CHARGES	5,959,421	12,344,965	18,304,386	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,039,869,488	945,750,870	1,985,620,358	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		486,597,006	29
30 BAD DEBTS	46,979,603		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		46,979,603	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)		533,576,609	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,985,620,358	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,336,057,220	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	649,563,138	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	533,576,609	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	115,986,529	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	78,479	6
7	INCOME FROM INVESTMENTS	9,146,625	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	480,454	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	4,152	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,432,500	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	18,378	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5,941	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	140,721	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	19,718	21
22	RENTAL OF HOSPITAL SPACE	1,424,110	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PATIENT MEAL REVENUE)	302,567	24
24.01	OTHER (DIETARY OP INSTRUCTION)		24.01
24.02	OTHER (OS SERVICE REVENUE)	454,570	24.02
24.03	OTHER (RECOVERY LIVING REVENUE)	9,987,079	24.03
24.04	OTHER (REF LAB)	2,754,029	24.04
24.05	OTHER (OTHER OPERATING INCOME)		24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	27,249,323	25
26	TOTAL (LINE 5 PLUS LINE 25)	143,235,852	26
27	OTHER EXPENSES (TAX EXPENSE)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	143,235,852	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-024) [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	5,053,894	1
2	CAPITAL DRG OUTLIER PAYMENTS	712,632	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	205.81	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0260	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1200	8
9	SUM OF LINES 7 AND 8	0.1460	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0300	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	151,617	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,918,143	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-	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)	POST STEP- DOWN ADJS	
	0	2A	25	26
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.10 NON PATIENT TELEPHONES				5.10
5.30 PURCHASING AND STORES				5.30
5.40 ADMITTING				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIE				5.50
5.60 ADMINISTRATION & GENERAL				5.60
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES AP				21
22 I&R SRVCES-OTHER PRGM COSTS AP				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC				54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MR				58
60 LABORATORY				60
62 WHOLE BLOOD & PCKD RED BLOOD C				62
62.30 BLOOD CLOTTING FACTORS ADMIN C				62.30
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGD TO PAT				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
75.01 CARDIAC REHAB				75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT				75.04
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 PATIENT TREATMENT CENTER				90.01
90.02 REHAB SERVICES-BLOOMINGDALE				90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P				90.04
90.05 WOMEN'S CLINIC				90.05
91 EMERGENCY				91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP				99.30

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	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH						191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
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