

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: 03-26-2012 TIME: 09:24
- 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 NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, 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	121,319	30,091		1
2	SUBPROVIDER - IPF	16,537			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	137,856	30,091		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: 800 WEST CENTRAL ROAD
 2 CITY: ARLINGTON HEIGHTS

STATE: IL

P.O.BOX:
 ZIP CODE: 60005

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	NORTHWEST COMMUNITY HOSPITAL	14-0252	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	NWCH PSYCHIATRIC UNIT	14-S252	16974	4	11/01/1985	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	NORTHWEST COMMUNITY HOME CARE	14-7094	16974		07/01/1966	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010			TO: 09/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	

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
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			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- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	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.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	14,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

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

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

SEE 42 CFR §413.13)		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'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1	
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	2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	N	4
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	02/10/2012	Y	02/10/2012
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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	180,339,861	180,339,861	5,781,006.00	31.20	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A						4
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		3,081,814	3,081,814	33,043.00	93.27	5
6	NON-PHYSICIAN-PART B		260,094	260,094	5,628.00	46.21	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)		13,008,371	-800,466	12,207,905	340,330.00	35.87
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		921,992		921,992	15,792.00	58.38
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A		1,046,579		1,046,579	8,205.00	127.55
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		48,477,172		48,477,172		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		3,591,276		3,591,276		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B		906,597		906,597		23
24	WAGE-RELATED COSTS (RHC/FQHC)		76,513		76,513		24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		2,432,840		2,432,840	41,631.00	58.44
27	ADMINISTRATIVE & GENERAL		24,223,073	308,545	24,531,618	736,072.00	33.33
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		33,325		33,325	88.00	378.69
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		3,931,612		3,931,612	139,575.00	28.17
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		4,470,751		4,470,751	321,514.00	13.91
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		3,185,722	-895,502	2,290,220	139,205.00	16.45
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			895,502	895,502	56,885.00	15.74
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		4,159,230		4,159,230	102,392.00	40.62
39	CENTRAL SERVICES AND SUPPLY		1,701,373		1,701,373	103,010.00	16.52
40	PHARMACY		4,580,867		4,580,867	111,673.00	41.02
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,613,044		2,613,044	110,788.00	23.59
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	177,031,278		177,031,278	5,742,423.00	30.83	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	13,008,371	-800,466	12,207,905	340,330.00	35.87	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	164,022,907	800,466	164,823,373	5,402,093.00	30.51	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,968,571		1,968,571	23,997.00	82.03	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	48,477,172		48,477,172		29.41%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	214,468,650	800,466	215,269,116	5,426,090.00	39.67	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	51,331,837	308,545	51,640,382	1,862,833.00	27.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	11,168,015	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	37,124	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)	22,774,488	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,574,163	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	141,595	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,072,155	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,930,064	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	12,770,740	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	197,910	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	485,006	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	900,298	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	53,051,558	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		4,207		543	4,750	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,980.00		590.00	2,570.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL			20.66	5
6 DIRECT NURSING SERVICE			24.25	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE			18.54	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE			1.63	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE			2.28	16
17 HOME HEALTH AIDE SUPERVISOR			0.04	17
18 CONTINUUM PERSONNEL			3.87	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.				2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).				11340	20
20.01				16974	20.01

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	15,054	109	547	434	16,144	21
22 SKILLED NURSING VISIT CHARGES	2,962,540	21,952	107,604	85,064	3,177,160	22
23 PHYSICAL THERAPY VISITS	12,603	15	161	259	13,038	23
24 PHYSICAL THERAPY VISIT CHARGES	2,673,956	3,180	34,132	54,908	2,766,176	24
25 OCCUPATIONAL THERAPY VISITS	574			4	578	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	121,900			848	122,748	26
27 SPEECH PATHOLOGY VISITS	211		1	8	220	27
28 SPEECH PATHOLOGY VISIT CHARGES	44,732		212	1,696	46,640	28
29 MEDICAL SOCIAL SERVICE VISITS	567	3	2	22	594	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	133,146	702	468	5,148	139,464	30
31 HOME HEALTH AIDE VISITS	1,936	15	3	59	2,013	31
32 HOME HEALTH AIDE VISIT CHARGES	254,020	1,950	390	7,670	264,030	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	30,945	142	714	786	32,587	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	6,190,294	27,784	142,806	155,334	6,516,218	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,168		250	68	2,486	36
37 TOTAL NUMBER OF OUTLIER EPISODES		3			3	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	138,594	3,699	7,434	4,753	154,480	38

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)				0.268845	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,033,126	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				86,713,306	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				23,312,439	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				5,279,313	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)				5,279,313	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		24,641,343			24,641,343 20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		6,624,702			6,624,702 21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE					22
23	COST OF CHARITY CARE		6,624,702			6,624,702 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)				41,338,217	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,080,843	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				40,257,374	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				10,822,994	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				17,447,696	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				22,727,009	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		50,109,119	50,109,119	-14,957,223	1
2	00200				16,088,723	2
3	00300					3
4	00400	2,432,840	40,291,760	42,724,600		4
5	00500	24,223,073	81,140,507	105,363,580	-577,970	5
6	00600					6
7	00700	3,931,612	8,620,189	12,551,801	206,027	7
8	00800					8
9	00900	4,470,751	1,260,189	5,730,940		9
10	01000	3,185,722	2,369,500	5,555,222	-1,801,823	10
11	01100				1,801,823	11
12	01200					12
13	01300	4,159,230	703,645	4,862,875		13
14	01400	1,701,373	1,923,787	3,625,160	-1,212,972	14
15	01500	4,580,867	15,695,563	20,276,430	-14,911,671	15
16	01600	2,613,044	2,475,859	5,088,903	-73	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				255,997	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	39,021,458	7,535,280	46,556,738	-2,812,307	30
31	03100	9,718,167	2,873,044	12,591,211	-735,708	31
40	04000	4,415,683	513,536	4,929,219	-400,894	40
43	04300	2,409,599	1,127,103	3,536,702	-165,669	43
ANCILLARY SERVICE COST CENTERS						
50	05000	12,689,473	23,500,126	36,189,599	-20,197,124	50
53	05300	142,037	822,445	964,482	-790,726	53
54	05400	13,209,267	9,449,138	22,658,405	-2,291,053	54
54.01	05401	1,242,167	928,083	2,170,250	-102,527	54.01
56.01	03480	519,940	125,534	645,474	-70,130	56.01
60	06000	5,717,901	6,060,393	11,778,294	-189,871	60
62	06200	590,182	3,181,559	3,771,741	-1,766	62
62.30	06250					62.30
65	06500	2,232,166	630,986	2,863,152	-157,518	65
66	06600	5,647,661	1,620,953	7,268,614	-146,840	66
69	06900	2,433,569	693,900	3,127,469	-79,728	69
69.01	03630	1,775,411	7,519,381	9,294,792	-6,717,701	69.01
69.02	03160	634,397	411,467	1,045,864	-7,799	69.02
71	07100				27,361,404	71
72	07200				10,297,448	72
73	07300				14,835,773	73
74	07400					74
76.97	07697		1,015,772	1,015,772	-6,536	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	5,049,562	2,046,256	7,095,818	-356,587	90.01
90.02	04950				1,241,048	90.02
91	09100	13,000,021	5,470,731	18,470,752	-2,517,749	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
101	10100	5,771,146	932,936	6,704,082	1,570	101
SPECIAL PURPOSE COST CENTERS						
118		177,518,319	281,048,741	458,567,060	879,848	118
NONREIMBURSABLE COST CENTERS						
190	19000	159,620	285,826	445,446	-1,343	190
192	19200		1,146,765	1,146,765		192
192.01	19201					192.01
192.02	19202	1,442,443	276,428	1,718,871	-834,135	192.02
192.03	19203	184,256	70,508	254,764	-15,344	192.03
192.04	19204				485,337	192.04
194	07950	247,622	159,654	407,276		194
194.01	07951	332,216	1,910,369	2,242,585	-16	194.01
194.02	07952					194.02
194.03	07953	455,385	590,691	1,046,076	-514,347	194.03
200		180,339,861	285,488,982	465,828,843		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	35,151,896	-4,806,130	30,345,766	1
2	00200	CAP REL COSTS-MVBLE EQUIP	16,088,723	-1,371	16,087,352	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	42,724,600	-54,162	42,670,438	4
5	00500	ADMINISTRATIVE & GENERAL	104,785,610	-44,118,231	60,667,379	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	12,757,828	-7,290	12,750,538	7
8	00800	LAUNDRY & LINEN SERVICE				8
9	00900	HOUSEKEEPING	5,730,940		5,730,940	9
10	01000	DIETARY	3,753,399	-1,650,019	2,103,380	10
11	01100	CAFETERIA	1,801,823		1,801,823	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	4,862,875	-72,633	4,790,242	13
14	01400	CENTRAL SERVICES & SUPPLY	2,412,188		2,412,188	14
15	01500	PHARMACY	5,364,759		5,364,759	15
16	01600	MEDICAL RECORDS & LIBRARY	5,088,830	-261,053	4,827,777	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- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	255,997	-309,469	-53,472	23
30	03000	ADULTS & PEDIATRICS	43,744,431	-146,398	43,598,033	30
31	03100	INTENSIVE CARE UNIT	11,855,503	-238,569	11,616,934	31
40	04000	SUBPROVIDER - IPF	4,528,325	-135,630	4,392,695	40
43	04300	NURSERY	3,371,033	-630,209	2,740,824	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	15,992,475	-238,585	15,753,890	50
53	05300	ANESTHESIOLOGY	173,756		173,756	53
54	05400	RADIOLOGY-DIAGNOSTIC	20,367,352	-28,034	20,339,318	54
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	2,067,723	9,213	2,076,936	54.01
56.01	03480	ONCOLOGY	575,344		575,344	56.01
60	06000	LABORATORY	11,588,423	-115,491	11,472,932	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,769,975		3,769,975	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,705,634		2,705,634	65
66	06600	PHYSICAL THERAPY	7,121,774	3,043	7,124,817	66
69	06900	ELECTROCARDIOLOGY	3,047,741		3,047,741	69
69.01	03630	CARDIAC CATH LAB	2,577,091	-25,705	2,551,386	69.01
69.02	03160	CARDIAC REHABILITATION	1,038,065	-77,488	960,577	69.02
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	27,361,404		27,361,404	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	10,297,448		10,297,448	72
73	07300	DRUGS CHARGED TO PATIENTS	14,835,773	-28,405	14,807,368	73
74	07400	RENAL DIALYSIS	1,009,236		1,009,236	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT CENTERS	6,739,231	-3,015,570	3,723,661	90.01
90.02	04950	PARTIAL HOSPITALIZATION PROGRAM	1,241,048		1,241,048	90.02
91	09100	EMERGENCY	15,953,003	-28,993	15,924,010	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
101	10100	HOME HEALTH AGENCY	6,705,652		6,705,652	101
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	459,446,908	-55,977,179	403,469,729	118
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	444,103		444,103	190
192	19200	PHYSICIANS' PRIVATE OFFICES	1,146,765		1,146,765	192
192.01	19201	DAY SURGERY CENTER				192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	884,736		884,736	192.02
192.03	19203	MOBILE DENTAL CLINIC	239,420		239,420	192.03
192.04	19204	EMS CONTINUING EDUCATION	485,337		485,337	192.04
194	07950	CORPORATE HEALTH	407,276	-34,711	372,565	194
194.01	07951	MARKETING/COMMUNICATION	2,242,569		2,242,569	194.01
194.02	07952	FOUNDATION				194.02
194.03	07953	OTHER NRCC	531,729	7,468,021	7,999,750	194.03
200		TOTAL (SUM OF LINES 118-199)	465,828,843	-48,543,869	417,284,974	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 SHARED EXPENSES	A	CAFETERIA	11		895,502	906,321	1
500 TOTAL RECLASSIFICATIONS					895,502	906,321	500
CODE LETTER - A							
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30		398,896	3,057	1
2		INTENSIVE CARE UNIT	31		77,390	593	2
3		SUBPROVIDER - IPF	40		25,451	195	3
4		NURSERY	43		6,752	52	4
5		OPERATING ROOM	50		1,558	12	5
6		EMERGENCY	91		7,791	60	6
7		HOME HEALTH AGENCY	101		1,558	12	7
500 TOTAL RECLASSIFICATIONS					519,396	3,981	500
CODE LETTER - B							
1 TREATMENT CENTER RENT	C	CAP REL COSTS-BLDG & FIXT	1			252,068	1
2							2
500 TOTAL RECLASSIFICATIONS						252,068	500
CODE LETTER - C							
1 COST OF MEDICAL SUPPLIES SOLD	D	MEDICAL SUPPLIES CHRGED TO PA	71			27,361,404	1
2		IMPL. DEV. CHARGED TO PATIENT	72			10,297,448	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
500 TOTAL RECLASSIFICATIONS						37,658,852	500
CODE LETTER - D							
1 COST OF DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	73			14,835,773	1
500 TOTAL RECLASSIFICATIONS						14,835,773	500
CODE LETTER - E							
1 PARAMEDICAL EDUCATION	F	PARAMED ED PRGM- EMERGENCY ME	23		190,130	65,867	1
2		EMS CONTINUING EDUCATION	192.04		360,461	124,876	2
500 TOTAL RECLASSIFICATIONS					550,591	190,743	500
CODE LETTER - F							
1 DEPRECIATION EXPENSE	G	CAP REL COSTS-MVBLE EQUIP	2			16,088,723	1
500 TOTAL RECLASSIFICATIONS						16,088,723	500
CODE LETTER - G							
1 SALT CREEK OCCUPANCY COSTS	H	CAP REL COSTS-BLDG & FIXT	1			278,924	1
2		OPERATION OF PLANT	7			207,515	2
500 TOTAL RECLASSIFICATIONS						486,439	500
CODE LETTER - H							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 PARTIAL HOSPITALIZATION PROGRAM	I	PARTIAL HOSPITALIZATION PROGR	90.02	1,069,521	171,527	1
2						2
500 TOTAL RECLASSIFICATIONS				1,069,521	171,527	500
CODE LETTER - I						
1 PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1		600,508	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					600,508	500
CODE LETTER - J						
1 MEDICAL DIRECTOR- DEPT 8012	K	ADMINISTRATIVE & GENERAL	5	308,545	179,248	1
500 TOTAL RECLASSIFICATIONS				308,545	179,248	500
CODE LETTER - K						
GRAND TOTAL (INCREASES)				3,343,555	71,374,183	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 SHARED EXPENSES	A	DIETARY	10	895,502	906,321	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				895,502	906,321	500
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30	519,396	3,981	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				519,396	3,981	500
1 TREATMENT CENTER RENT	C	OFFSITE-DIAGNOSTIC SERVICES	54.01		75,480	9 1
2		OUTPATIENT TREATMENT CENTERS	90.01		176,588	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					252,068	500
1 COST OF MEDICAL SUPPLIES SOLD	D	CENTRAL SERVICES & SUPPLY	14		1,212,972	1
2		PHARMACY	15		75,898	2
3		MEDICAL RECORDS & LIBRARY	16		73	3
4		ADULTS & PEDIATRICS	30		2,690,883	4
5		INTENSIVE CARE UNIT	31		813,691	5
6		SUBPROVIDER - IPF	40		15,690	6
7		NURSERY	43		172,473	7
8		OPERATING ROOM	50		20,198,694	8
9		ANESTHESIOLOGY	53		790,726	9
10		RADIOLOGY-DIAGNOSTIC	54		2,291,053	10
11		OFFSITE-DIAGNOSTIC SERVICES	54.01		27,047	11
12		ONCOLOGY	56.01		70,130	12
13		LABORATORY	60		189,871	13
14		WHOLE BLOOD & PACKED RED BLOO	62		1,766	14
15		RESPIRATORY THERAPY	65		157,518	15
16		PHYSICAL THERAPY	66		144,917	16
17		ELECTROCARDIOLOGY	69		79,728	17
18		CARDIAC CATH LAB	69.01		6,717,701	18
19		CARDIAC REHABILITATION	69.02		7,799	19
20		RENAL DIALYSIS	74		6,536	20
21		OUTPATIENT TREATMENT CENTERS	90.01		162,226	21
22		EMERGENCY	91		1,784,266	22
23		GIFT, FLOWER, COFFEE SHOP & C	190		1,343	23
24		RESIDENTIAL TREATMENT CENTER	192.02		3,937	24
25		MOBILE DENTAL CLINIC	192.03		15,344	25
26		MARKETING/COMMUNICATION	194.01		16	26
27		OTHER NRCC	194.03		26,554	27
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					37,658,852	500
1 COST OF DRUGS SOLD	E	PHARMACY	15		14,835,773	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					14,835,773	500
1 PARAMEDICAL EDUCATION	F	EMERGENCY	91	550,591	190,743	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				550,591	190,743	500
1 DEPRECIATION EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1		16,088,723	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					16,088,723	500
1 SALT CREEK OCCUPANCY COSTS	H	ADMINISTRATIVE & GENERAL	5		486,439	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					486,439	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PARTIAL HOSPITALIZATION PROGRAM	I	SUBPROVIDER - IPF	40	372,835	38,015	1
2		RESIDENTIAL TREATMENT CENTER	192.02	696,686	133,512	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				1,069,521	171,527	500
1 PROPERTY INSURANCE	J	ADMINISTRATIVE & GENERAL	5		579,324	12 1
2		OPERATION OF PLANT	7		1,488	2
3		PHYSICAL THERAPY	66		1,923	3
4		OUTPATIENT TREATMENT CENTERS	90.01		17,773	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					600,508	500
1 MEDICAL DIRECTOR- DEPT 8012	K	OTHER NRCC	194.03	308,545	179,248	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				308,545	179,248	500
GRAND TOTAL (DECREASES)				3,343,555	71,374,183	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1,789,072					1,789,072		1
2 LAND IMPROVEMENTS	13,899,027	385,163		385,163		14,284,190		2
3 BUILDINGS AND FIXTURES	295,528,886	12,185,454		12,185,454		307,714,340		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	205,741,290	6,455,162		6,455,162		212,196,452		5
6 MOVABLE EQUIPMENT	97,733,375	8,026,501		8,026,501		105,759,876		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	614,691,650	27,052,280		27,052,280		641,743,930		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	614,691,650	27,052,280		27,052,280		641,743,930		10

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	40,022,509		10,086,610				50,109,119 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	40,022,509		10,086,610				50,109,119 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	OF 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	534,194,982		534,194,982	0.834739				1
2 CAP REL COSTS-MVBLE EQUIP	105,759,876		105,759,876	0.165261				2
3 TOTAL (SUM OF LINES 1-2)	639,954,858		639,954,858	1.000000				3

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	19,764,163		9,981,095	600,508			30,345,766 1
2 CAP REL COSTS-MVBLE EQUIP	16,087,352						16,087,352 2
3 TOTAL	35,851,515		9,981,095	600,508			46,433,118 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-2,210,565	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-107,819	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-6,870	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,336,129			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	75,457			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,639,164	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND WELLNESS CENTER RENT TO COST	A	-76,965	CARDIAC REHABILITATION	69.02	32
33					33
34					34
35 DR SELECT AND PHO	A	-1,991,454	ADMINISTRATIVE & GENERAL	5	35
36					36
37					37
38 LOBBYING FEES	A	-48,110	ADMINISTRATIVE & GENERAL	5	38
39					39
40					40
41					41
41.08 SWAP BASIS SETTLEMENT	A	-27,367	CAP REL COSTS-BLDG & FIXT	1	11 41.08
41.09 AMORT OF CAPITALIZED INT INCOME	B	-78,148	CAP REL COSTS-BLDG & FIXT	1	11 41.09
41.14 TUITION	B	-309,469	PARAMED ED PRGM- EMERGENCY MED.	23	41.14
41.71 NC HEALTH COST	A	7,659,104	OTHER NRCC	194.03	41.71
41.73 BAD DEBTS	A	-30,438	EMPLOYEE BENEFITS	4	41.73
41.74 BAD DEBTS	A	-41,365,018	ADMINISTRATIVE & GENERAL	5	41.74
41.75 BAD DEBTS	A	-19	DIETARY	10	41.75
41.76 BAD DEBTS	A	-1,430	CORPORATE HEALTH	194	41.76
41.88 PIANO DEPRECIATION	A	-1,371	CAP REL COSTS-MVBLE EQUIP	2	9 41.88
42 WELLNESS CENTER RENT TO COST	A	6,306	PHYSICAL THERAPY	66	42
43					43
44					44
45 MISC OPERATING INCOME	B	-25	EMPLOYEE BENEFITS	4	45
45.01 MISC OPERATING INCOME	B	-276,569	ADMINISTRATIVE & GENERAL	5	45.01
45.02 MISC OPERATING INCOME	B	-420	OPERATION OF PLANT	7	45.02
45.03 MISC OPERATING INCOME	B	-72,633	NURSING ADMINISTRATION	13	45.03
45.04 MISC OPERATING INCOME	B	-261,053	MEDICAL RECORDS & LIBRARY	16	45.04
45.05 MISC OPERATING INCOME	B	-146,210	ADULTS & PEDIATRICS	30	45.05
45.06 MISC OPERATING INCOME	B	-135,630	SUBPROVIDER - IPF	40	45.06
45.07 MISC OPERATING INCOME	B	-121,995	OPERATING ROOM	50	45.07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.08 MISC OPERATING INCOME	B	-14,845	RADIOLOGY-DIAGNOSTIC	54	45.08
45.09 MISC OPERATING INCOME	B	-26,969	LABORATORY	60	45.09
45.10 MISC OPERATING INCOME	B	-632	PHYSICAL THERAPY	66	45.10
45.11 MISC OPERATING INCOME	B	-5,040	CARDIAC CATH LAB	69.01	45.11
45.12 MISC OPERATING INCOME	B	-523	CARDIAC REHABILITATION	69.02	45.12
45.14 MISC OPERATING INCOME	B	-28,405	DRUGS CHARGED TO PATIENTS	73	45.14
45.15 MISC OPERATING INCOME	B	-28,993	EMERGENCY	91	45.15
45.26 NON ALLOWABLE TRAVEL	A	-11,139	ADMINISTRATIVE & GENERAL	5	45.26
45.27 COMMUNITY SUPPORT CONTRIBUTIONS	A	-4,999	ADMINISTRATIVE & GENERAL	5	45.27
45.28 COMMUNITY SUPPORT CONTRIBUTIONS	A	-191,083	OTHER NRCC	194.03	45.28
45.29 SENIOR SERVICES INCOME	B	-42,361	ADMINISTRATIVE & GENERAL	5	45.29
45.30 PT ACCT INCOME	B	-10,836	DIETARY	10	45.30
45.31 NON ALLOWABLE MEALS	A	-150,709	ADMINISTRATIVE & GENERAL	5	45.31
45.32 CSM DEPRECIATION	A	-2,604,290	CAP REL COSTS-BLDG & FIXT	1	9 45.32
45.33 AMORT OF DEPR EXP OF DEMOLISHED	A	68,111	CAP REL COSTS-BLDG & FIXT	1	9 45.33
45.35 MEDICARE DEPR METHOD	A	46,129	CAP REL COSTS-BLDG & FIXT	1	9 45.35
46 PT B PHYSICIAN	A	-33,281	CORPORATE HEALTH	194	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-48,543,869			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	90.01	OUTPATIENT TREATMENT CENTERS				
		TREATMENT CENTER RENT	242,832	176,588	66,244	1
2	54.01	OFFSITE-DIAGNOSTIC SERVICES				
		IMAGING CENTER RENT	84,693	75,480	9,213	2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)	327,525	252,068	75,457	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		NORTHWEST HEALTHCARE CORP		HEALTH CARE	6
7			NORTHWEST COMMUNITY HOSPITAL			7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2		3	4	5	6	7	8	9	
1	4	EMPLOYEE BENEFITS	23,699	23,699						1
2	5	ADMINISTRATIVE & GENERAL	79,068		79,068	165,600	530	42,196	2,110	2
3	30	ADULTS & PEDIATRICS	188	188						3
4	31	INTENSIVE CARE UNIT	936,000		936,000	165,600	8,760	697,431	34,872	4
5	43	NURSERY	652,871	604,871	48,000	196,400	240	22,662	1,133	5
6	50	OPERATING ROOM	116,590	116,590						6
8	54	RADIOLOGY-DIAGNOSTIC	32,578		32,578	225,300	179	19,389	969	8
9	60	LABORATORY	309,200		309,200	215,700	2,128	220,678	11,034	9
10	66	PHYSICAL THERAPY	6,720		6,720	177,200	48	4,089	204	10
11	69	ELECTROCARDIOLOGY	240,295		240,295	177,200	8,547	728,139	36,407	11
12	69.01	CARDIAC CATH LAB	36,000		36,000	177,200	180	15,335	767	12
13	69.02	CARDIAC REHABILITATION	154,706		154,706	177,200	1,910	162,717	8,136	13
14	90.01	OUTPATIENT TREATMENT CEN	3,081,814	3,081,814						14
15	91	EMERGENCY	1,358,500		1,358,500	177,200	27,748	2,363,916	118,196	15
16	5	ADMINISTRATIVE & GENERAL	179,038		179,038	165,600	1,204	95,857	4,793	16
200		TOTAL	7,207,267	3,827,162	3,380,105		51,474	4,372,409	218,621	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT		
10	11		12	13	14	15	16	17	18		
1	4	EMPLOYEE BENEFITS	AGGREGATE							23,699	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE				42,196	36,872		36,872	2
3	30	ADULTS & PEDIATRICS	AGGREGATE							188	3
4	31	INTENSIVE CARE UNIT	AGGREGATE				697,431	238,569		238,569	4
5	43	NURSERY	AGGREGATE				22,662	25,338		630,209	5
6	50	OPERATING ROOM	AGGREGATE							116,590	6
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				19,389	13,189		13,189	8
9	60	LABORATORY	AGGREGATE				220,678	88,522		88,522	9
10	66	PHYSICAL THERAPY	AGGREGATE				4,089	2,631		2,631	10
11	69	ELECTROCARDIOLOGY	AGGREGATE				728,139				11
12	69.01	CARDIAC CATH LAB	AGGREGATE				15,335	20,665		20,665	12
13	69.02	CARDIAC REHABILITATION	AGGREGATE				162,717				13
14	90.01	OUTPATIENT TREATMENT CEN	AGGREGATE							3,081,814	14
15	91	EMERGENCY	AGGREGATE				2,363,916				15
16	5	ADMINISTRATIVE & GENERAL	AGGREGATE				95,857	83,181		83,181	16
200		TOTAL					4,372,409	508,967		4,336,129	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	30,345,766	30,345,766				1
2 CAP REL COSTS-MVBLE EQUIP	16,087,352		16,087,352			2
4 EMPLOYEE BENEFITS	42,670,438	451,748	12,846	43,135,032		4
5 ADMINISTRATIVE & GENERAL	60,667,379	7,096,577	5,535,122	5,947,887	79,246,965	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	12,750,538	4,163,417	195,288	953,251	18,062,494	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,730,940		37,615	1,083,969	6,852,524	9
10 DIETARY	2,103,380	367,893	113,706	555,282	3,140,261	10
11 CAFETERIA	1,801,823	241,934	93,483	217,122	2,354,362	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,790,242	300,341	7,045	1,008,439	6,106,067	13
14 CENTRAL SERVICES & SUPPLY	2,412,188	548,327	39,193	412,511	3,412,219	14
15 PHARMACY	5,364,759	218,651	145,276	1,110,668	6,839,354	15
16 MEDICAL RECORDS & LIBRARY	4,827,777	186,089	44,545	633,553	5,691,964	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- EMERGENCY MED. SVC.	-53,472	21,383		46,099	14,010	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	43,598,033	5,148,029	2,310,451	9,431,898	60,488,411	30
31 INTENSIVE CARE UNIT	11,616,934	1,135,136	310,138	2,375,011	15,437,219	31
40 SUBPROVIDER - IPF	4,392,695	751,205	57,275	986,392	6,187,567	40
43 NURSERY	2,740,824	88,008	275,672	585,864	3,690,368	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,753,890	2,768,056	1,934,118	3,077,042	23,533,106	50
53 ANESTHESIOLOGY	173,756	23,062	127,082	34,438	358,338	53
54 RADIOLOGY-DIAGNOSTIC	20,339,318	1,511,423	2,880,805	3,202,692	27,934,238	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	2,076,936		369,903	301,173	2,748,012	54.01
56.01 ONCOLOGY	575,344	749,482	6,584	126,064	1,457,474	56.01
60 LABORATORY	11,472,932	595,998	639,112	1,386,351	14,094,393	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,769,975	41,088	14,741	143,094	3,968,898	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,705,634	139,744	70,785	541,207	3,457,370	65
66 PHYSICAL THERAPY	7,124,817	433,767	90,820	1,369,321	9,018,725	66
69 ELECTROCARDIOLOGY	3,047,741	237,339	129,961	590,038	4,005,079	69
69.01 CARDIAC CATH LAB	2,551,386	105,459	34,363	430,463	3,121,671	69.01
69.02 CARDIAC REHABILITATION	960,577	389,321	7,902	153,815	1,511,615	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	27,361,404				27,361,404	71
72 IMPL. DEV. CHARGED TO PATIENT	10,297,448				10,297,448	72
73 DRUGS CHARGED TO PATIENTS	14,807,368				14,807,368	73
74 RENAL DIALYSIS	1,009,236		4,566		1,013,802	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	3,723,661	954,348	70,959	1,224,307	5,973,275	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	1,241,048	214,453		259,314	1,714,815	90.02
91 EMERGENCY	15,924,010	693,108	439,707	3,020,353	20,077,178	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,705,652	228,680	45,303	1,399,638	8,379,273	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	403,469,729	29,804,066	16,044,366	42,607,256	402,357,267	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	444,103	250,284	3,725	38,701	736,813	190
192 PHYSICIANS' PRIVATE OFFICES	1,146,765		2,507		1,149,272	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	884,736		20,350	180,815	1,085,901	192.02
192.03 MOBILE DENTAL CLINIC	239,420		1,002	44,674	285,096	192.03
192.04 EMS CONTINUING EDUCATION	485,337			87,397	572,734	192.04
194 CORPORATE HEALTH	372,565	120,216	8,970	60,038	561,789	194
194.01 MARKETING/COMMUNICATION	2,242,569	89,068	2,630	80,548	2,414,815	194.01
194.02 FOUNDATION		39,718	1,297		41,015	194.02
194.03 OTHER NRCC	7,999,750	42,414	2,505	35,603	8,080,272	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	417,284,974	30,345,766	16,087,352	43,135,032	417,284,974	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	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 ADMINISTRATIVE & GENERAL	79,246,965					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,234,427	22,296,921				7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,606,451		8,458,975			9
10 DIETARY	736,178	440,210	167,006	4,483,655		10
11 CAFETERIA	551,938	289,491	109,827		3,305,618	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,431,457	359,379	136,341		67,740	13
14 CENTRAL SERVICES & SUPPLY	799,933	656,112	248,915		87,924	14
15 PHARMACY	1,603,363	261,631	99,257		93,714	15
16 MEDICAL RECORDS & LIBRARY	1,334,379	222,669	84,476		92,898	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- EMERGENCY MED. SVC.	3,284	25,587	9,707		1,651	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,180,455	6,159,975	2,336,964	3,658,374	1,003,108	30
31 INTENSIVE CARE UNIT	3,618,978	1,358,270	515,299	250,194	203,668	31
40 SUBPROVIDER - IPF	1,450,564	898,870	341,012	438,572	97,832	40
43 NURSERY	865,140	105,308	39,952		49,576	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,516,913	3,312,174	1,256,568		303,462	50
53 ANESTHESIOLOGY	84,006	27,596	10,469		5,342	53
54 RADIOLOGY-DIAGNOSTIC	6,548,679	1,808,524	686,115		322,636	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	644,222					54.01
56.01 ONCOLOGY	341,679	896,808	340,230		11,792	56.01
60 LABORATORY	3,304,177	713,154	270,555		193,197	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930,437	49,165	18,652		16,143	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	810,518	167,213	63,437		58,688	65
66 PHYSICAL THERAPY	2,114,278	519,032	196,910		141,328	66
69 ELECTROCARDIOLOGY	938,919	283,993	107,741		61,815	69
69.01 CARDIAC CATH LAB	731,820	126,190	47,874		35,959	69.01
69.02 CARDIAC REHABILITATION	354,371	465,850	176,733		15,735	69.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	6,414,389					71
72 IMPL. DEV. CHARGED TO PATIENT	2,414,051					72
73 DRUGS CHARGED TO PATIENTS	3,471,321					73
74 RENAL DIALYSIS	237,668					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	1,400,327	1,141,945	433,229			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	402,008	256,609	97,352		31,665	90.02
91 EMERGENCY	4,706,733	829,352	314,638		348,007	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,964,370	273,631	103,810			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	75,747,433	21,648,738	8,213,069	4,347,140	3,243,880	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,733	299,482	113,617		8,509	190
192 PHYSICIANS' PRIVATE OFFICES	269,426					192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	254,570			136,515	24,711	192.02
192.03 MOBILE DENTAL CLINIC	66,836				4,740	192.03
192.04 EMS CONTINUING EDUCATION	134,267					192.04
194 CORPORATE HEALTH	131,701	143,847	54,572		5,401	194
194.01 MARKETING/COMMUNICATION	566,110	106,577	40,433		9,072	194.01
194.02 FOUNDATION	9,615	47,526	18,030			194.02
194.03 OTHER NRCC	1,894,274	50,751	19,254		9,305	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	79,246,965	22,296,921	8,458,975	4,483,655	3,305,618	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,100,984					13
14 CENTRAL SERVICES & SUPPLY		5,205,103				14
15 PHARMACY	311,484		9,208,803			15
16 MEDICAL RECORDS & LIBRARY				7,426,386		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- EMERGENCY MED. SVC.	5,488				59,727	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,334,124		111,821	697,849		30
31 INTENSIVE CARE UNIT	676,949		19,791	129,517		31
40 SUBPROVIDER - IPF	325,173		65	100,644		40
43 NURSERY	164,782		1,587	37,831		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,008,644		41,222	583,643		50
53 ANESTHESIOLOGY	17,757		6,321	67,952		53
54 RADIOLOGY-DIAGNOSTIC			9,108	1,896,784		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			3,420	116,280		54.01
56.01 ONCOLOGY	39,194		15	19,898		56.01
60 LABORATORY			148	1,039,508		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			30	102,207		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			890	99,226		65
66 PHYSICAL THERAPY			1,137	145,809		66
69 ELECTROCARDIOLOGY	205,461		2,382	217,887		69
69.01 CARDIAC CATH LAB	119,519		2,832	218,954		69.01
69.02 CARDIAC REHABILITATION	52,301		11	8,664		69.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		3,769,976		744,835		71
72 IMPL. DEV. CHARGED TO PATIENT		1,418,824		293,929		72
73 DRUGS CHARGED TO PATIENTS			8,772,840	353,710		73
74 RENAL DIALYSIS				25,742		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	269,127		132,314	33,334		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM				15,599		90.02
91 EMERGENCY	1,156,702		46,890	433,846	59,727	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	414,279	16,303	4,110	42,738		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	8,100,984	5,205,103	9,156,934	7,426,386	59,727	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			45			192.02
192.03 MOBILE DENTAL CLINIC						192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02
194.03 OTHER NRCC			51,824			194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,100,984	5,205,103	9,208,803	7,426,386	59,727	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	91,971,081		91,971,081	30
31 INTENSIVE CARE UNIT	22,209,885		22,209,885	31
40 SUBPROVIDER - IPF	9,840,299		9,840,299	40
43 NURSERY	4,954,544		4,954,544	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	35,555,732		35,555,732	50
53 ANESTHESIOLOGY	577,781		577,781	53
54 RADIOLOGY-DIAGNOSTIC	39,206,084		39,206,084	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	3,511,934		3,511,934	54.01
56.01 ONCOLOGY	3,107,090		3,107,090	56.01
60 LABORATORY	19,615,132		19,615,132	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,085,532		5,085,532	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	4,657,342		4,657,342	65
66 PHYSICAL THERAPY	12,137,219		12,137,219	66
69 ELECTROCARDIOLOGY	5,823,277		5,823,277	69
69.01 CARDIAC CATH LAB	4,404,819		4,404,819	69.01
69.02 CARDIAC REHABILITATION	2,585,280		2,585,280	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	38,290,604		38,290,604	71
72 IMPL. DEV. CHARGED TO PATIENT	14,424,252		14,424,252	72
73 DRUGS CHARGED TO PATIENTS	27,405,239		27,405,239	73
74 RENAL DIALYSIS	1,277,212		1,277,212	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	9,383,551		9,383,551	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	2,518,048		2,518,048	90.02
91 EMERGENCY	27,973,073		27,973,073	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
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY	11,198,514		11,198,514	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	397,713,524		397,713,524	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,331,154		1,331,154	190
192 PHYSICIANS' PRIVATE OFFICES	1,418,698		1,418,698	192
192.01 DAY SURGERY CENTER				192.01
192.02 RESIDENTIAL TREATMENT CENTER	1,501,742		1,501,742	192.02
192.03 MOBILE DENTAL CLINIC	356,672		356,672	192.03
192.04 EMS CONTINUING EDUCATION	707,001		707,001	192.04
194 CORPORATE HEALTH	897,310		897,310	194
194.01 MARKETING/COMMUNICATION	3,137,007		3,137,007	194.01
194.02 FOUNDATION	116,186		116,186	194.02
194.03 OTHER NRCC	10,105,680		10,105,680	194.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	417,284,974		417,284,974	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	3,133	451,748	12,846	467,727	467,727	4
5 ADMINISTRATIVE & GENERAL	962,836	7,096,577	5,535,122	13,594,535	64,494	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	105,757	4,163,417	195,288	4,464,462	10,336	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING			37,615	37,615	11,754	9
10 DIETARY	4,132	367,893	113,706	485,731	6,021	10
11 CAFETERIA		241,934	93,483	335,417	2,354	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		300,341	7,045	307,386	10,935	13
14 CENTRAL SERVICES & SUPPLY		548,327	39,193	587,520	4,473	14
15 PHARMACY		218,651	145,276	363,927	12,043	15
16 MEDICAL RECORDS & LIBRARY		186,089	44,545	230,634	6,870	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- EMERGENCY MED. SVC.		21,383		21,383	500	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,839	5,148,029	2,310,451	7,481,319	102,277	30
31 INTENSIVE CARE UNIT	1,372	1,135,136	310,138	1,446,646	25,753	31
40 SUBPROVIDER - IPF	620	751,205	57,275	809,100	10,696	40
43 NURSERY	859	88,008	275,672	364,539	6,353	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	164,041	2,768,056	1,934,118	4,866,215	33,365	50
53 ANESTHESIOLOGY		23,062	127,082	150,144	373	53
54 RADIOLOGY-DIAGNOSTIC	1,153,634	1,511,423	2,880,805	5,545,862	34,727	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	170,922		369,903	540,825	3,266	54.01
56.01 ONCOLOGY	310	749,482	6,584	756,376	1,367	56.01
60 LABORATORY	70,159	595,998	639,112	1,305,269	15,032	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		41,088	14,741	55,829	1,552	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,470	139,744	70,785	213,999	5,868	65
66 PHYSICAL THERAPY	696,567	433,767	90,820	1,221,154	14,848	66
69 ELECTROCARDIOLOGY	2,453	237,339	129,961	369,753	6,398	69
69.01 CARDIAC CATH LAB		105,459	34,363	139,822	4,668	69.01
69.02 CARDIAC REHABILITATION	154,400	389,321	7,902	551,623	1,668	69.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	241,536			241,536		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	106,287			106,287		73
74 RENAL DIALYSIS			4,566	4,566		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	182,710	954,348	70,959	1,208,017	13,275	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM		214,453		214,453	2,812	90.02
91 EMERGENCY	2,156	693,108	439,707	1,134,971	32,750	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	310	228,680	45,303	274,293	15,176	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,050,503	29,804,066	16,044,366	49,898,935	462,004	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		250,284	3,725	254,009	420	190
192 PHYSICIANS' PRIVATE OFFICES			2,507	2,507		192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	81		20,350	20,431	1,961	192.02
192.03 MOBILE DENTAL CLINIC			1,002	1,002	484	192.03
192.04 EMS CONTINUING EDUCATION					948	192.04
194 CORPORATE HEALTH	81	120,216	8,970	129,267	651	194
194.01 MARKETING/COMMUNICATION		89,068	2,630	91,698	873	194.01
194.02 FOUNDATION		39,718	1,297	41,015		194.02
194.03 OTHER NRCC		42,414	2,505	44,919	386	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,050,665	30,345,766	16,087,352	50,483,783	467,727	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	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 ADMINISTRATIVE & GENERAL	13,659,029					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	729,851	5,204,649				7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	276,890		326,259			9
10 DIETARY	126,889	102,756	6,441	727,838		10
11 CAFETERIA	95,133	67,574	4,236		504,714	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	246,728	83,888	5,259		10,343	13
14 CENTRAL SERVICES & SUPPLY	137,878	153,153	9,601		13,425	14
15 PHARMACY	276,358	61,071	3,828		14,309	15
16 MEDICAL RECORDS & LIBRARY	229,995	51,976	3,258		14,184	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- EMERGENCY MED. SVC.	566	5,973	374		252	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,444,082	1,437,888	90,136	593,869	153,156	30
31 INTENSIVE CARE UNIT	623,772	317,054	19,875	40,614	31,097	31
40 SUBPROVIDER - IPF	250,021	209,818	13,153	71,194	14,937	40
43 NURSERY	149,117	24,581	1,541		7,570	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	950,902	773,143	48,465		46,334	50
53 ANESTHESIOLOGY	14,479	6,442	404		816	53
54 RADIOLOGY-DIAGNOSTIC	1,128,739	422,154	26,463		49,261	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	111,039					54.01
56.01 ONCOLOGY	58,892	209,337	13,123		1,800	56.01
60 LABORATORY	569,512	166,468	10,435		29,498	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	160,371	11,476	719		2,465	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	139,702	39,032	2,447		8,961	65
66 PHYSICAL THERAPY	364,420	121,155	7,595		21,578	66
69 ELECTROCARDIOLOGY	161,833	66,291	4,156		9,438	69
69.01 CARDIAC CATH LAB	126,137	29,456	1,846		5,490	69.01
69.02 CARDIAC REHABILITATION	61,080	108,741	6,817		2,403	69.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	1,105,592					71
72 IMPL. DEV. CHARGED TO PATIENT	416,089					72
73 DRUGS CHARGED TO PATIENTS	598,321					73
74 RENAL DIALYSIS	40,965					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	241,362	266,558	16,709			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	69,291	59,899	3,755		4,835	90.02
91 EMERGENCY	811,259	193,591	12,135		53,135	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	338,581	63,872	4,004			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	13,055,846	5,053,347	316,775	705,677	495,287	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,772	69,907	4,382		1,299	190
192 PHYSICIANS' PRIVATE OFFICES	46,439					192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	43,878			22,161	3,773	192.02
192.03 MOBILE DENTAL CLINIC	11,520				724	192.03
192.04 EMS CONTINUING EDUCATION	23,142					192.04
194 CORPORATE HEALTH	22,700	33,577	2,105		825	194
194.01 MARKETING/COMMUNICATION	97,575	24,878	1,559		1,385	194.01
194.02 FOUNDATION	1,657	11,094	695			194.02
194.03 OTHER NRCC	326,500	11,846	743		1,421	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,659,029	5,204,649	326,259	727,838	504,714	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	664,539					13
14 CENTRAL SERVICES & SUPPLY		906,050				14
15 PHARMACY	25,552		757,088			15
16 MEDICAL RECORDS & LIBRARY				536,917		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- EMERGENCY MED. SVC.	450				15,564	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	273,506		9,193	50,447		30
31 INTENSIVE CARE UNIT	55,531		1,627	9,363		31
40 SUBPROVIDER - IPF	26,675		5	7,275		40
43 NURSERY	13,517		130	2,735		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	82,741		3,389	42,191		50
53 ANESTHESIOLOGY	1,457		520	4,912		53
54 RADIOLOGY-DIAGNOSTIC			749	137,188		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			281	8,406		54.01
56.01 ONCOLOGY	3,215		1	1,438		56.01
60 LABORATORY			12	75,145		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			2	7,388		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			73	7,173		65
66 PHYSICAL THERAPY			93	10,540		66
69 ELECTROCARDIOLOGY	16,854		196	15,751		69
69.01 CARDIAC CATH LAB	9,804		233	15,828		69.01
69.02 CARDIAC REHABILITATION	4,290		1	626		69.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		656,238		53,844		71
72 IMPL. DEV. CHARGED TO PATIENT		246,974		21,248		72
73 DRUGS CHARGED TO PATIENTS			721,247	25,569		73
74 RENAL DIALYSIS				1,861		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	22,077		10,878	2,410		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM				1,128		90.02
91 EMERGENCY	94,886		3,855	31,362		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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	33,984	2,838	338	3,089		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	664,539	906,050	752,823	536,917		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			4			192.02
192.03 MOBILE DENTAL CLINIC						192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02
194.03 OTHER NRCC			4,261			194.03
200 CROSS FOOT ADJUSTMENTS					15,564	200
201 NEGATIVE COST CENTER					13,934	201
202 TOTAL (SUM OF LINES 118-201)	664,539	906,050	757,088	536,917	29,498	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	12,635,873		12,635,873	30
31 INTENSIVE CARE UNIT	2,571,332		2,571,332	31
40 SUBPROVIDER - IPF	1,412,874		1,412,874	40
43 NURSERY	570,083		570,083	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	6,846,745		6,846,745	50
53 ANESTHESIOLOGY	179,547		179,547	53
54 RADIOLOGY-DIAGNOSTIC	7,345,143		7,345,143	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	663,817		663,817	54.01
56.01 ONCOLOGY	1,045,549		1,045,549	56.01
60 LABORATORY	2,171,371		2,171,371	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	239,802		239,802	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	417,255		417,255	65
66 PHYSICAL THERAPY	1,761,383		1,761,383	66
69 ELECTROCARDIOLOGY	650,670		650,670	69
69.01 CARDIAC CATH LAB	333,284		333,284	69.01
69.02 CARDIAC REHABILITATION	737,249		737,249	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,057,210		2,057,210	71
72 IMPL. DEV. CHARGED TO PATIENT	684,311		684,311	72
73 DRUGS CHARGED TO PATIENTS	1,451,424		1,451,424	73
74 RENAL DIALYSIS	47,392		47,392	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	1,781,286		1,781,286	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	356,173		356,173	90.02
91 EMERGENCY	2,367,944		2,367,944	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
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY	736,175		736,175	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	49,063,892		49,063,892	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	359,789		359,789	190
192 PHYSICIANS' PRIVATE OFFICES	48,946		48,946	192
192.01 DAY SURGERY CENTER				192.01
192.02 RESIDENTIAL TREATMENT CENTER	92,208		92,208	192.02
192.03 MOBILE DENTAL CLINIC	13,730		13,730	192.03
192.04 EMS CONTINUING EDUCATION	24,090		24,090	192.04
194 CORPORATE HEALTH	189,125		189,125	194
194.01 MARKETING/COMMUNICATION	217,968		217,968	194.01
194.02 FOUNDATION	54,461		54,461	194.02
194.03 OTHER NRCC	390,076		390,076	194.03
200 CROSS FOOT ADJUSTMENTS	15,564		15,564	200
201 NEGATIVE COST CENTER	13,934		13,934	201
202 TOTAL (SUM OF LINES 118-201)	50,483,783		50,483,783	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	686,855					1
2 CAP REL COSTS-MVBLE EQUIP		16,048,080				2
4 EMPLOYEE BENEFITS	10,225	12,815	177,907,021			4
5 ADMINISTRATIVE & GENERAL	160,626	5,521,608	24,531,618	-79,246,965	338,038,009	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	94,236	194,811	3,931,612		18,062,494	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		37,523	4,470,751		6,852,524	9
10 DIETARY	8,327	113,428	2,290,220		3,140,261	10
11 CAFETERIA	5,476	93,255	895,502		2,354,362	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	7,028	4,159,230		6,106,067	13
14 CENTRAL SERVICES & SUPPLY	12,411	39,097	1,701,373		3,412,219	14
15 PHARMACY	4,949	144,921	4,580,867		6,839,354	15
16 MEDICAL RECORDS & LIBRARY	4,212	44,436	2,613,044		5,691,964	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- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	484		190,130		14,010	23
ADULTS & PEDIATRICS						
30 ADULTS & PEDIATRICS	116,522	2,304,811	38,900,958		60,488,411	30
31 INTENSIVE CARE UNIT	25,693	309,381	9,795,557		15,437,219	31
40 SUBPROVIDER - IPF	17,003	57,135	4,068,299		6,187,567	40
43 NURSERY	1,992	274,999	2,416,351		3,690,368	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	1,929,397	12,691,031		23,533,106	50
53 ANESTHESIOLOGY	522	126,772	142,037		358,338	53
54 RADIOLOGY-DIAGNOSTIC	34,210	2,873,773	13,209,267		27,934,238	54
54.01 OFFSITE-DIAGNOSTIC SERVICES		369,000	1,242,167		2,748,012	54.01
56.01 ONCOLOGY	16,964	6,568	519,940		1,457,474	56.01
60 LABORATORY	13,490	637,552	5,717,901		14,094,393	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	14,705	590,182		3,968,898	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	70,612	2,232,166		3,457,370	65
66 PHYSICAL THERAPY	9,818	90,598	5,647,661		9,018,725	66
69 ELECTROCARDIOLOGY	5,372	129,644	2,433,569		4,005,079	69
69.01 CARDIAC CATH LAB	2,387	34,279	1,775,411		3,121,671	69.01
69.02 CARDIAC REHABILITATION	8,812	7,883	634,397		1,511,615	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					27,361,404	71
72 IMPL. DEV. CHARGED TO PATIENT					10,297,448	72
73 DRUGS CHARGED TO PATIENTS					14,807,368	73
74 RENAL DIALYSIS		4,555			1,013,802	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	70,786	5,049,562		5,973,275	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854		1,069,521		1,714,815	90.02
91 EMERGENCY	15,688	438,634	12,457,221		20,077,178	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,176	45,192	5,772,704		8,379,273	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	674,594	16,005,198	175,730,249	-79,246,965	323,110,302	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	3,716	159,620		736,813	190
192 PHYSICIANS' PRIVATE OFFICES		2,501			1,149,272	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER		20,300	745,757		1,085,901	192.02
192.03 MOBILE DENTAL CLINIC		1,000	184,256		285,096	192.03
192.04 EMS CONTINUING EDUCATION			360,461		572,734	192.04
194 CORPORATE HEALTH	2,721	8,948	247,622		561,789	194
194.01 MARKETING/COMMUNICATION	2,016	2,624	332,216		2,414,815	194.01
194.02 FOUNDATION	899	1,294			41,015	194.02
194.03 OTHER NRCC	960	2,499	146,840		8,080,272	194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	30,345,766	16,087,352	43,135,032		79,246,965	202
203 UNIT COST MULT-WS B PT I	44.180746	1.002447	0.242458		0.234432	203
204 COST TO BE ALLOC PER B PT II			467,727		13,659,029	204
205 UNIT COST MULT-WS B PT II			0.002629		0.040407	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	SQUARE FEET	SQUARE FEET	MEALS SERVED	FTE'S	FTE'S	
	7	9	10	11	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	421,768					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		421,768				9
10 DIETARY	8,327	8,327	290,567			10
11 CAFETERIA	5,476	5,476		170,160		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	6,798		3,487	125,461	13
14 CENTRAL SERVICES & SUPPLY	12,411	12,411		4,526		14
15 PHARMACY	4,949	4,949		4,824	4,824	15
16 MEDICAL RECORDS & LIBRARY	4,212	4,212		4,782		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- EMERGENCY MED. SVC.	484	484		85	85	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	116,522	116,522	237,084	51,636	51,636	30
31 INTENSIVE CARE UNIT	25,693	25,693	16,214	10,484	10,484	31
40 SUBPROVIDER - IPF	17,003	17,003	28,422	5,036	5,036	40
43 NURSERY	1,992	1,992		2,552	2,552	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	62,653		15,621	15,621	50
53 ANESTHESIOLOGY	522	522		275	275	53
54 RADIOLOGY-DIAGNOSTIC	34,210	34,210		16,608		54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY	16,964	16,964		607	607	56.01
60 LABORATORY	13,490	13,490		9,945		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	930		831		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	3,163		3,021		65
66 PHYSICAL THERAPY	9,818	9,818		7,275		66
69 ELECTROCARDIOLOGY	5,372	5,372		3,182	3,182	69
69.01 CARDIAC CATH LAB	2,387	2,387		1,851	1,851	69.01
69.02 CARDIAC REHABILITATION	8,812	8,812		810	810	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	21,601			4,168	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854	4,854		1,630		90.02
91 EMERGENCY	15,688	15,688		17,914	17,914	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
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,176	5,176			6,416	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	409,507	409,507	281,720	166,982	125,461	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	5,665		438		190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			8,847	1,272		192.02
192.03 MOBILE DENTAL CLINIC				244		192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH	2,721	2,721		278		194
194.01 MARKETING/COMMUNICATION	2,016	2,016		467		194.01
194.02 FOUNDATION	899	899				194.02
194.03 OTHER NRCC	960	960		479		194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	SQUARE FEET	SQUARE FEET	MEALS SERVED	FTE'S	FTE'S	
	7	9	10	11	13	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	22,296,921	8,458,975	4,483,655	3,305,618	8,100,984	202
203 UNIT COST MULT-WS B PT I	52.865369	20.055990	15.430710	19.426528	64.569739	203
204 COST TO BE ALLOC PER B PT II	5,204,649	326,259	727,838	504,714	664,539	204
205 UNIT COST MULT-WS B PT II	12.340076	0.773551	2.504889	2.966114	5.296777	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY	37,777,175				14
15 PHARMACY		15,573,033			15
16 MEDICAL RECORDS & LIBRARY			1,491,206,740		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- EMERGENCY MED. SVC.				1,000	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		189,100	140,130,356		30
31 INTENSIVE CARE UNIT		33,469	26,007,505		31
40 SUBPROVIDER - IPF		110	20,209,656		40
43 NURSERY		2,683	7,596,612		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		69,711	117,197,355		50
53 ANESTHESIOLOGY		10,689	13,644,949		53
54 RADIOLOGY-DIAGNOSTIC		15,402	380,845,143		54
54.01 OFFSITE-DIAGNOSTIC SERVICES		5,784	23,349,451		54.01
56.01 ONCOLOGY		26	3,995,630		56.01
60 LABORATORY		251	208,736,480		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		51	20,523,430		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,505	19,924,946		65
66 PHYSICAL THERAPY		1,923	29,278,870		66
69 ELECTROCARDIOLOGY		4,029	43,752,337		69
69.01 CARDIAC CATH LAB		4,790	43,966,609		69.01
69.02 CARDIAC REHABILITATION		18	1,739,664		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	27,361,404		149,565,311		71
72 IMPL. DEV. CHARGED TO PATIENT	10,297,448		59,021,893		72
73 DRUGS CHARGED TO PATIENTS		14,835,773	71,026,055		73
74 RENAL DIALYSIS			5,169,050		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS		223,756	6,693,496		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM			3,132,399		90.02
91 EMERGENCY		79,296	87,117,682	1,000	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
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	118,323	6,951	8,581,861		101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	37,777,175	15,485,317	1,491,206,740	1,000	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER		76			192.02
192.03 MOBILE DENTAL CLINIC					192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01
194.02 FOUNDATION					194.02
194.03 OTHER NRCC		87,640			194.03

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	5,205,103	9,208,803	7,426,386	59,727	202
203 UNIT COST MULT-WS B PT I	0.137784	0.591330	0.004980	59.727000	203
204 COST TO BE ALLOC PER B PT II	906,050	757,088	536,917	15,564	204
205 UNIT COST MULT-WS B PT II	0.023984	0.048615	0.000360	15.564000	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	91,971,081		91,971,081		91,971,081	30
31 INTENSIVE CARE UNIT	22,209,885		22,209,885	238,569	22,448,454	31
40 SUBPROVIDER - IPF	9,840,299		9,840,299		9,840,299	40
43 NURSERY	4,954,544		4,954,544	25,338	4,979,882	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	35,555,732		35,555,732		35,555,732	50
53 ANESTHESIOLOGY	577,781		577,781		577,781	53
54 RADIOLOGY-DIAGNOSTIC	39,206,084		39,206,084	13,189	39,219,273	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	3,511,934		3,511,934		3,511,934	54.01
56.01 ONCOLOGY	3,107,090		3,107,090		3,107,090	56.01
60 LABORATORY	19,615,132		19,615,132	88,522	19,703,654	60
62 WHOLE BLOOD & PACKED RED BL	5,085,532		5,085,532		5,085,532	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,657,342		4,657,342		4,657,342	65
66 PHYSICAL THERAPY	12,137,219		12,137,219	2,631	12,139,850	66
69 ELECTROCARDIOLOGY	5,823,277		5,823,277		5,823,277	69
69.01 CARDIAC CATH LAB	4,404,819		4,404,819	20,665	4,425,484	69.01
69.02 CARDIAC REHABILITATION	2,585,280		2,585,280		2,585,280	69.02
71 MEDICAL SUPPLIES CHRGED TO	38,290,604		38,290,604		38,290,604	71
72 IMPL. DEV. CHARGED TO PATIE	14,424,252		14,424,252		14,424,252	72
73 DRUGS CHARGED TO PATIENTS	27,405,239		27,405,239		27,405,239	73
74 RENAL DIALYSIS	1,277,212		1,277,212		1,277,212	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	9,383,551		9,383,551		9,383,551	90.01
90.02 PARTIAL HOSPITALIZATION PRO	2,518,048		2,518,048		2,518,048	90.02
91 EMERGENCY	27,973,073		27,973,073		27,973,073	91
92 OBSERVATION BEDS	3,189,389		3,189,389		3,189,389	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	11,198,514		11,198,514		11,198,514	101
200 SUBTOTAL (SEE INSTRUCTIONS)	400,902,913		400,902,913	388,914	401,291,827	200
201 LESS OBSERVATION BEDS	3,189,389		3,189,389		3,189,389	201
202 TOTAL (SEE INSTRUCTIONS)	397,713,524		397,713,524		398,102,438	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	135,417,560		135,417,560			30
31 INTENSIVE CARE UNIT	26,007,505		26,007,505			31
40 SUBPROVIDER - IPF	20,209,656		20,209,656			40
43 NURSERY	7,596,612		7,596,612			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	51,766,608	65,430,747	117,197,355	0.303383	0.303383	0.303383 50
53 ANESTHESIOLOGY	7,637,150	6,007,799	13,644,949	0.042344	0.042344	0.042344 53
54 RADIOLOGY-DIAGNOSTIC	117,569,425	263,275,718	380,845,143	0.102945	0.102945	0.102980 54
54.01 OFFSITE-DIAGNOSTIC SERVICES	349,451	23,000,000	23,349,451	0.150408	0.150408	0.150408 54.01
56.01 ONCOLOGY	32,736	3,962,894	3,995,630	0.777622	0.777622	0.777622 56.01
60 LABORATORY	103,441,156	105,295,324	208,736,480	0.093971	0.093971	0.094395 60
62 WHOLE BLOOD & PACKED RED BL	14,869,347	5,654,083	20,523,430	0.247792	0.247792	0.247792 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	17,457,927	2,467,019	19,924,946	0.233744	0.233744	0.233744 65
66 PHYSICAL THERAPY	8,873,281	20,405,589	29,278,870	0.414539	0.414539	0.414628 66
69 ELECTROCARDIOLOGY	18,052,700	25,699,637	43,752,337	0.133096	0.133096	0.133096 69
69.01 CARDIAC CATH LAB	27,895,512	16,071,097	43,966,609	0.100186	0.100186	0.100656 69.01
69.02 CARDIAC REHABILITATION	467	1,739,197	1,739,664	1.486080	1.486080	1.486080 69.02
71 MEDICAL SUPPLIES CHRGD TO	98,462,281	51,103,030	149,565,311	0.256013	0.256013	0.256013 71
72 IMPL. DEV. CHARGED TO PATIE	42,033,959	16,987,934	59,021,893	0.244388	0.244388	0.244388 72
73 DRUGS CHARGED TO PATIENTS	51,273,038	19,753,017	71,026,055	0.385848	0.385848	0.385848 73
74 RENAL DIALYSIS	5,040,503	128,547	5,169,050	0.247088	0.247088	0.247088 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	25,087	6,668,409	6,693,496	1.401891	1.401891	1.401891 90.01
90.02 PARTIAL HOSPITALIZATION PRO		3,132,399	3,132,399	0.803872	0.803872	0.803872 90.02
91 EMERGENCY	31,845,788	55,271,894	87,117,682	0.321095	0.321095	0.321095 91
92 OBSERVATION BEDS		4,712,796	4,712,796	0.676751	0.676751	0.676751 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		8,581,861	8,581,861			101
200 SUBTOTAL (SEE INSTRUCTIONS)	785,857,749	705,348,991	1,491,206,740			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	785,857,749	705,348,991	1,491,206,740			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	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	12,635,873		12,635,873	81,867	154.35	44,555	6,877,064	30
31 INTENSIVE CARE UNIT	2,571,332		2,571,332	10,809	237.89	5,413	1,287,699	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	1,412,874		1,412,874	9,474	149.13	1,884	280,961	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	570,083		570,083	9,550	59.69			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	17,190,162		17,190,162	111,700		51,852	8,445,724	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 (14-0252) [] 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	6,846,745	117,197,355	0.058421	26,957,535	1,574,886	50
53	ANESTHESIOLOGY	179,547	13,644,949	0.013158	3,762,153	49,502	53
54	RADIOLOGY-DIAGNOSTIC	7,345,143	380,845,143	0.019286	68,736,698	1,325,656	54
54.01	OFFSITE-DIAGNOSTIC SERVICES	663,817	23,349,451	0.028430	58,688	1,668	54.01
56.01	ONCOLOGY	1,045,549	3,995,630	0.261673	23,059	6,034	56.01
60	LABORATORY	2,171,371	208,736,480	0.010402	59,166,423	615,449	60
62	WHOLE BLOOD & PACKED RED BLOO	239,802	20,523,430	0.011684	7,769,148	90,775	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	417,255	19,924,946	0.020941	10,542,456	220,770	65
66	PHYSICAL THERAPY	1,761,383	29,278,870	0.060159	6,191,009	372,445	66
69	ELECTROCARDIOLOGY	650,670	43,752,337	0.014872	10,758,642	160,003	69
69.01	CARDIAC CATH LAB	333,284	43,966,609	0.007580	15,282,719	115,843	69.01
69.02	CARDIAC REHABILITATION	737,249	1,739,664	0.423788	342	145	69.02
71	MEDICAL SUPPLIES CHRGED TO PA	2,057,210	149,565,311	0.013755	51,112,653	703,055	71
72	IMPL. DEV. CHARGED TO PATIENT	684,311	59,021,893	0.011594	23,573,801	273,315	72
73	DRUGS CHARGED TO PATIENTS	1,451,424	71,026,055	0.020435	27,398,210	559,882	73
74	RENAL DIALYSIS	47,392	5,169,050	0.009168	3,491,615	32,011	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT TREATMENT CENTERS	1,781,286	6,693,496	0.266122	20,522	5,461	90.01
90.02	PARTIAL HOSPITALIZATION PROGR	356,173	3,132,399	0.113706			90.02
91	EMERGENCY	2,367,944	87,117,682	0.027181	18,153,840	493,440	91
92	OBSERVATION BEDS	438,190	4,712,796	0.092979			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	31,575,745	1,293,393,546	1,293,393,546	332,999,513	6,600,340	200

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	81,867		44,555		30
31	INTENSIVE CARE UNIT	10,809		5,413		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	9,474		1,884		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	9,550				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	111,700		51,852		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY				59,727	59,727	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)				59,727	59,727	59,727 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	PGM CHARGES 10	(COL. 8 x COL. 10) 11	CHARGES 12	(COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	117,197,355			26,957,535		22,667,710	50
53 ANESTHESIOLOGY	13,644,949			3,762,153		1,726,663	53
54 RADIOLOGY-DIAGNOSTIC	380,845,143			68,736,698		102,940,932	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	23,349,451			58,688		4,830,159	54.01
56.01 ONCOLOGY	3,995,630			23,059		1,697,945	56.01
60 LABORATORY	208,736,480			59,166,423		5,509,586	60
62 WHOLE BLOOD & PACKED RED BLO	20,523,430			7,769,148		1,893,697	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	19,924,946			10,542,456		1,198,539	65
66 PHYSICAL THERAPY	29,278,870			6,191,009		281,839	66
69 ELECTROCARDIOLOGY	43,752,337			10,758,642		8,129,374	69
69.01 CARDIAC CATH LAB	43,966,609			15,282,719		8,856,330	69.01
69.02 CARDIAC REHABILITATION	1,739,664			342		782,581	69.02
71 MEDICAL SUPPLIES CHRGED TO P	149,565,311			51,112,653		16,302,522	71
72 IMPL. DEV. CHARGED TO PATIEN	59,021,893			23,573,801		10,545,469	72
73 DRUGS CHARGED TO PATIENTS	71,026,055			27,398,210		8,761,809	73
74 RENAL DIALYSIS	5,169,050			3,491,615		82,598	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	6,693,496			20,522		447,753	90.01
90.02 PARTIAL HOSPITALIZATION PROG	3,132,399						90.02
91 EMERGENCY	87,117,682	0.000686	0.000686	18,153,840	12,454	13,426,073	9,210 91
92 OBSERVATION BEDS	4,712,796					1,392,448	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,293,393,546			332,999,513	12,454	211,474,027	9,210 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] 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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.303383	22,667,710			6,876,998				50
53 ANESTHESIOLOGY	0.042344	1,726,663			73,114				53
54 RADIOLOGY-DIAGNOSTIC	0.102945	102,940,932	137		10,597,254	14			54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.150408	4,830,159			726,495				54.01
56.01 ONCOLOGY	0.777622	1,697,945			1,320,359				56.01
60 LABORATORY	0.093971	5,509,586			517,741				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.247792	1,893,697			469,243				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.233744	1,198,539			280,151				65
66 PHYSICAL THERAPY	0.414539	281,839			116,833				66
69 ELECTROCARDIOLOGY	0.133096	8,129,374			1,081,987				69
69.01 CARDIAC CATH LAB	0.100186	8,856,330			887,280				69.01
69.02 CARDIAC REHABILITATION	1.486080	782,581			1,162,978				69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256013	16,302,522			4,173,658				71
72 IMPL. DEV. CHARGED TO PATIENT	0.244388	10,545,469			2,577,186				72
73 DRUGS CHARGED TO PATIENTS	0.385848	8,761,809	582	34,469	3,380,726	225	13,300		73
74 RENAL DIALYSIS	0.247088	82,598			20,409				74
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 OUTPATIENT TREATMENT CENTERS	1.401891	447,753			627,701				90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.803872								90.02
91 EMERGENCY	0.321095	13,426,073			4,311,045				91
92 OBSERVATION BEDS	0.676751	1,392,448			942,341				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		211,474,027	719	34,469	40,143,499	239	13,300		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		211,474,027	719	34,469	40,143,499	239	13,300		202

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/26/2012 09:24

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-S252) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY				59,727	59,727	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)				59,727	59,727	59,727 200

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-S252) [] 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	117,197,355						50
53 ANESTHESIOLOGY	13,644,949						53
54 RADIOLOGY-DIAGNOSTIC	380,845,143			71,097			54
54.01 OFFSITE-DIAGNOSTIC SERVICES	23,349,451						54.01
56.01 ONCOLOGY	3,995,630						56.01
60 LABORATORY	208,736,480			391,833			60
62 WHOLE BLOOD & PACKED RED BLO	20,523,430			319			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	19,924,946			428			65
66 PHYSICAL THERAPY	29,278,870			18,546			66
69 ELECTROCARDIOLOGY	43,752,337			56,577			69
69.01 CARDIAC CATH LAB	43,966,609						69.01
69.02 CARDIAC REHABILITATION	1,739,664						69.02
71 MEDICAL SUPPLIES CHRGED TO P	149,565,311			10,410			71
72 IMPL. DEV. CHARGED TO PATIEN	59,021,893						72
73 DRUGS CHARGED TO PATIENTS	71,026,055			254,591			73
74 RENAL DIALYSIS	5,169,050						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	6,693,496						90.01
90.02 PARTIAL HOSPITALIZATION PROG	3,132,399						90.02
91 EMERGENCY	87,117,682	0.000686	0.000686	231,597	159		91
92 OBSERVATION BEDS	4,712,796						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,293,393,546			1,035,398	159		200

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0252) [] 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) 1,123.42 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 50,053,978 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) 50,053,978 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	22,448,454	10,809	2,076.83	5,413	11,241,881	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					67,093,928	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					128,389,787	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 8,164,763 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,612,794 51
 52 TOTAL PROGRAM EXCLUDABLE COST 14,777,557 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 113,612,230 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,839 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,123.42 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,189,389 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,635,873	91,971,081	0.137390	3,189,389	438,190	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)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S252)			[]	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)	1,038.66 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,956,835 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)	1,956,835 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	234,971 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,191,806 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	280,961 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	19,217 51
52	TOTAL PROGRAM EXCLUDABLE COST	300,178 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,891,628 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 (14-0252) [] 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		62,685,549			30
31 INTENSIVE CARE UNIT		14,993,346			31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.303383	26,957,535	8,178,458		50
53 ANESTHESIOLOGY	0.042344	3,762,153	159,305		53
54 RADIOLOGY-DIAGNOSTIC	0.102980	68,736,698	7,078,505		54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.150408	58,688	8,827		54.01
56.01 ONCOLOGY	0.777622	23,059	17,931		56.01
60 LABORATORY	0.094395	59,166,423	5,585,014		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.247792	7,769,148	1,925,133		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.233744	10,542,456	2,464,236		65
66 PHYSICAL THERAPY	0.414628	6,191,009	2,566,966		66
69 ELECTROCARDIOLOGY	0.133096	10,758,642	1,431,932		69
69.01 CARDIAC CATH LAB	0.100656	15,282,719	1,538,297		69.01
69.02 CARDIAC REHABILITATION	1.486080	342	508		69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256013	51,112,653	13,085,504		71
72 IMPL. DEV. CHARGED TO PATIENT	0.244388	23,573,801	5,761,154		72
73 DRUGS CHARGED TO PATIENTS	0.385848	27,398,210	10,571,545		73
74 RENAL DIALYSIS	0.247088	3,491,615	862,736		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS	1.401891	20,522	28,770		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.803872				90.02
91 EMERGENCY	0.321095	18,153,840	5,829,107		91
92 OBSERVATION BEDS	0.676751				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		332,999,513	67,093,928		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		332,999,513			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-S252)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		4,024,001		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.303383			50
53 ANESTHESIOLOGY	0.042344			53
54 RADIOLOGY-DIAGNOSTIC	0.102980	71,097	7,322	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.150408			54.01
56.01 ONCOLOGY	0.777622			56.01
60 LABORATORY	0.094395	391,833	36,987	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.247792	319	79	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.233744	428	100	65
66 PHYSICAL THERAPY	0.414628	18,546	7,690	66
69 ELECTROCARDIOLOGY	0.133096	56,577	7,530	69
69.01 CARDIAC CATH LAB	0.100656			69.01
69.02 CARDIAC REHABILITATION	1.486080			69.02
71 MEDICAL SUPPLIES CHRGED TO PATI	0.256013	10,410	2,665	71
72 IMPL. DEV. CHARGED TO PATIENT	0.244388			72
73 DRUGS CHARGED TO PATIENTS	0.385848	254,591	98,233	73
74 RENAL DIALYSIS	0.247088			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	1.401891			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.803872			90.02
91 EMERGENCY	0.321095	231,597	74,365	91
92 OBSERVATION BEDS	0.676751			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,035,398	234,971	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,035,398		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0252)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	88,007,058	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,277,232	2
3	MANAGED CARE SIMULATED PAYMENTS	3,520,921	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	393.22	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 LINES 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)	90,284,290	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)	90,284,290	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	7,484,886	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 (14-0252)
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)	12,454	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	97,781,630	59
60	PRIMARY PAYER PAYMENTS	90,380	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	97,691,250	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,676,072	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	160,545	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	919,453	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	643,617	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	631,421	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	89,498,250	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)	89,498,250	71
72	INTERIM PAYMENTS	89,376,931	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	121,319	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	993,127	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 (14-0252) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,539	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	40,134,289	2
3	PPS PAYMENTS	33,923,096	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	55,113	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.899	5
6	LINE 2 TIMES LINE 5	36,080,726	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.9417	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	9,210	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	13,539	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	35,188	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)	35,188	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)	35,188	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	21,649	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)	13,539	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)	33,987,419	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	31	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	8,005,316	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	25,995,611	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)	25,995,611	30
31	PRIMARY PAYER PAYMENTS	6,622	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	25,988,989	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)	560,212	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	392,148	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	435,584	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	26,381,137	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-349	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	26,381,486	40
41	INTERIM PAYMENTS	26,351,395	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	30,091	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 (14-0252) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		89,376,931		26,351,395	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.					
PROGRAM .01		NONE		NONE	3.01
TO .02					3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50		NONE		NONE	3.50
.51					3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99					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)		89,376,931		26,351,395	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S252) [] 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		1,357,725			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 05/09/2011	15,300		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	15,300			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)		1,373,025			4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
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 .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/26/2012 09:24

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0252) [] 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	22,874 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	49,968 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,011 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	89,837 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,491,206,740 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	24,641,343 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: IPF (14-S252)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,463,122	1
2	NET IPF PPS OUTLIER PAYMENT	34,964	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	25.956164	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)	1,498,086	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)	1,498,086	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,498,086	18
19	DEDUCTIBLES	124,756	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,373,330	20
21	COINSURANCE	29,005	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,344,325	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	64,397	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	45,078	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	46,037	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,389,403	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	159	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,389,562	31
32	INTERIM PAYMENTS	1,373,025	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	16,537	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

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	15,368,890			1
2 TEMPORARY INVESTMENTS	2,934,999			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	82,071,614			4
5 OTHER RECEIVABLES	2,552,404			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-28,431,000			6
7 INVENTORY	4,752,063			7
8 PREPAID EXPENSES	5,259,313			8
9 OTHER CURRENT ASSETS	177,464			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	84,685,747			11
FIXED ASSETS				
12 LAND	1,789,072			12
13 LAND IMPROVEMENTS	14,284,190			13
14 ACCUMULATED DEPRECIATION	-8,394,497			14
15 BUILDINGS	310,030,774			15
16 ACCUMULATED DEPRECIATION	-98,457,960			16
17 LEASEHOLD IMPROVEMENTS	1,102,550			17
18 ACCUMULATED AMORTIZATION	-170,089			18
19 FIXED EQUIPMENT	212,011,686			19
20 ACCUMULATED DEPRECIATION	-90,537,455			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	105,980,254			23
24 ACCUMULATED DEPRECIATION	-48,206,919			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)	399,431,606			30
OTHER ASSETS				
31 INVESTMENTS	94,056,794			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	12,536,952			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	106,593,746			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	590,711,099			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	11,282,859			37
38 SALARIES, WAGES & FEES PAYABLE	40,233,735			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	5,935,257			40
41 DEFERRED INCOME	3,090,185			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	30,447,201			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	90,989,237			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	278,661,437			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	65,983,050			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	344,644,487			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	435,633,724			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	155,077,375			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)	155,077,375			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	590,711,099			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		170,903,788							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		715,998							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		171,619,786							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CY - CHG IN INT-HOS/FND	1,938,727								5
6 OTHER NON OP INCOME-FOUNDATI	1,038,351								6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,977,078							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		174,596,864							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSET TRANSFER	1,751,585								13
14 FAS ACCOUNTING ADJUSTMENT	16,149,051								14
15 INTEREST IN AFFILIATES	1,618,853								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		19,519,489							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		155,077,375							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	144,407,112		144,407,112	1
2 SUBPROVIDER IPF	20,209,656		20,209,656	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)	164,616,768		164,616,768	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	38,472,659		38,472,659	11
12 CORONARY CARE UNIT				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)	38,472,659		38,472,659	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	203,089,427		203,089,427	17
18 ANCILLARY SERVICES	581,174,905	705,605,515	1,286,780,420	18
19 OUTPATIENT SERVICES				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
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	784,264,332	705,605,515	1,489,869,847	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		465,828,843	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 OTHER			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		465,828,843	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,489,869,847	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,031,304,083	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	458,565,764	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	465,828,843	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-7,263,079	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	630,848	6
7	INCOME FROM INVESTMENTS	1,382,800	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	11,405	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,639,164	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	261,053	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	309,469	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	378,272	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET OTHER INCOME)		24
24.01	OTHER (OTHER REVENUE - ACCT 533990)	1,885,991	24.01
24.02	OTHER (PHO CAPITATION CONTRACTS)	878,099	24.02
24.03	OTHER (PATIENT INTEREST INCOME)	408,032	24.03
24.04	OTHER (OTHER NON OPERATING INCOME)	2,256,139	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	10,041,272	25
26	TOTAL (LINE 5 PLUS LINE 25)	2,778,193	26
27	OTHER EXPENSES (BASIS SWAP LOSS)	151,878	27
27.01	OTHER EXPENSES (CHANGE IN UNREALIZED VALUE - PAYDEN)	1,910,317	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	2,062,195	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	715,998	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						5
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,262,258	93,065	29,146		81,237	1,465,706
7 SKILLED NURSING CARE	2,310,743	170,369	53,355		148,715	2,683,182
8 PHYSICAL THERAPY	1,610,193	118,718	37,179		103,629	1,869,719
9 OCCUPATIONAL THERAPY	75,502	5,567	1,743		4,859	87,671
10 SPEECH PATHOLOGY	42,849	3,159	989		2,758	49,755
11 MEDICAL SOCIAL SERVICES	107,461	7,923	2,481		6,916	124,781
12 HOME HEALTH AIDE	80,187	5,912	1,852		7,920	95,871
13 SUPPLIES (SEE INSTRUCTIONS)						12
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS	281,953	20,788	6,510		18,146	327,397
26 TOTAL (SUM OF LINES 1-23)	5,771,146	425,501	133,255		374,180	6,704,082

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	1,570	1,467,276		1,467,276	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		327,397		327,397	23
24	1,570	6,705,652		6,705,652	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	1,467,276				1,467,276	1,467,276		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,683,182				2,683,182	751,564	3,434,746	8
9	PHYSICAL THERAPY	1,869,719				1,869,719	523,710	2,393,429	9
10	OCCUPATIONAL THERAPY	87,671				87,671	24,557	112,228	10
11	SPEECH PATHOLOGY	49,755				49,755	13,936	63,691	11
12	MEDICAL SOCIAL SERVICES	124,781				124,781	34,951	159,732	12
13	HOME HEALTH AIDE	95,871				95,871	26,854	122,725	13
14	SUPPLIES (SEE INSTRUCTIONS)								14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS	327,397				327,397	91,704	419,101	26
27	TOTAL (SUM OF LINES 1-23)	6,705,652				6,705,652		6,705,652	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1,467,276	5,238,376	5
6 SKILLED NURSING CARE						2,683,182	6
7 PHYSICAL THERAPY						1,869,719	7
8 OCCUPATIONAL THERAPY						87,671	8
9 SPEECH PATHOLOGY						49,755	9
10 MEDICAL SOCIAL SERVICES						124,781	10
11 HOME HEALTH AIDE						95,871	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						327,397	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,467,276	5,238,376	24
25 COST TO BE ALLOC (PER W/S H)						1,467,276	25
26 UNIT COST MULTIPLIER						0.280101	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	1,550,929		1,550,929			1
2 SKILLED NURSING CARE	4,931,561		4,931,561	792,790	5,724,351	2
3 PHYSICAL THERAPY	3,436,453		3,436,453	552,437	3,988,890	3
4 OCCUPATIONAL THERAPY	161,135		161,135	25,904	187,039	4
5 SPEECH PATHOLOGY	91,447		91,447	14,701	106,148	5
6 MEDICAL SOCIAL SERVICES	229,341		229,341	36,868	266,209	6
7 HOME HEALTH AIDE	175,495		175,495	28,212	203,707	7
8 SUPPLIES	16,303		16,303	2,621	18,924	8
9 DRUGS	4,110		4,110	661	4,771	9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS	601,740		601,740	96,735	698,475	19
20 TOTAL (SUM OF LINES 1-19)	11,198,514		11,198,514	1,550,929	11,198,514	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.160758		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
1 ADMINISTRATIVE AND GENERAL	5,176	45,192		1,263,816		580,405		5,176	1
2 SKILLED NURSING CARE				2,310,743		3,995,004			2
3 PHYSICAL THERAPY				1,610,193		2,783,833			3
4 OCCUPATIONAL THERAPY				75,502		130,534			4
5 SPEECH PATHOLOGY				42,849		74,080			5
6 MEDICAL SOCIAL SERVICES				107,461		185,787			6
7 HOME HEALTH AIDE				80,187		142,167			7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS				281,953		487,463			19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	5,176	45,192		5,772,704		8,379,273		5,176	20
21 TOTAL COST TO BE ALLOCATED	228,680	45,303		1,399,638		1,964,370		273,631	21
22 UNIT COST MULTIPLIER	44.180835								22
22 UNIT COST MULTIPLIER		1.002456		0.242458		0.234432		52.865340	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION FTE'S 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISTION 15	
1 ADMINISTRATIVE AND GENERAL		5,176				6,416			1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES							118,323		8
9 DRUGS								6,951	9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		5,176				6,416	118,323	6,951	20
21 TOTAL COST TO BE ALLOCATED		103,810				414,279	16,303	4,110	21
22 UNIT COST MULTIPLIER							0.137784		22
22 UNIT COST MULTIPLIER		20.056028				64.569670		0.591282	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	(COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	5,724,351		5,724,351	21,707	263.71	1
2	PHYSICAL THERAPY	3	3,988,890		3,988,890	16,625	239.93	2
3	OCCUPATIONAL THERAPY	4	187,039		187,039	718	260.50	3
4	SPEECH PATHOLOGY	5	106,148		106,148	301	352.65	4
5	MEDICAL SOCIAL SERVICES	6	266,209		266,209	689	386.37	5
6	HOME HEALTH AIDE	7	203,707		203,707	2,265	89.94	6
7	TOTAL (SUM OF LINES 1-6)		10,476,344		10,476,344	42,305		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	5	
15	COST OF MEDICAL SUPPLIES	8	18,924		18,924	103,770	0.182365	15
16	COST OF DRUGS	9	4,771		4,771			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B				PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	11,524	4,620		3,038,994	1,218,340		4,257,334	
2 PHYSICAL THERAPY	9,295	3,743		2,230,149	898,058		3,128,207	
3 OCCUPATIONAL THERAPY	409	169		106,545	44,025		150,570	
4 SPEECH PATHOLOGY	181	39		63,830	13,753		77,583	
5 MEDICAL SOCIAL SERVICES	352	242		136,002	93,502		229,504	
6 HOME HEALTH AIDE	1,286	727		115,663	65,386		181,049	
7 TOTAL (SUM OF LINES 1-6)	23,047	9,540		5,691,183	2,333,064		8,024,247	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3	4
8 SKILLED NURSING CARE	11340	5,392	2,216		8
8.01 SKILLED NURSING CARE	16974	6,132	2,404		8.01
9 PHYSICAL THERAPY	11340	4,037	1,853		9
9.01 PHYSICAL THERAPY	16974	5,258	1,890		9.01
10 OCCUPATIONAL THERAPY	11340	150	76		10
10.01 OCCUPATIONAL THERAPY	16974	259	93		10.01
11 SPEECH PATHOLOGY	11340	96	20		11
11.01 SPEECH PATHOLOGY	16974	85	19		11.01
12 MEDICAL SOCIAL SERVICES	11340	163	113		12
12.01 MEDICAL SOCIAL SERVICES	16974	189	129		12.01
13 HOME HEALTH AIDE	11340	561	406		13
13.01 HOME HEALTH AIDE	16974	725	321		13.01
14 TOTAL (SUM OF LINES 8-13)		23,047	9,540		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES		
	PART B				PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES	89,283	65,197		16,282	11,890		15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.414539		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.256013		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.385848		COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7094

WORKSHEET H-4
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 TOTAL CHARGES	4,706,625			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,706,625			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	4,706,625			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS	3,571	498		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)	-3,571	-498	10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	4,011,748	1,727,557	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8,997		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	64,312	30,511	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	52,163	17,777	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,532		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	4,135,181	1,775,347	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	4,135,181	1,775,347	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	4,135,181	1,775,347	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	4,135,181	1,775,347	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	4,135,181	1,775,347	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	4,135,181	1,775,347	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7094

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,135,181		1,775,347	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		4,135,181		1,775,347	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-025) [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	7,154,825	1
2	CAPITAL DRG OUTLIER PAYMENTS	158,345	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	246.13	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)	0.0214	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0958	8
9	SUM OF LINES 7 AND 8	0.1172	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0240	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	171,716	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	7,484,886	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM- EMERGENCY MED					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 OFFSITE-DIAGNOSTIC SERVICES					54.01
56.01 ONCOLOGY					56.01
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC CATH LAB					69.01
69.02 CARDIAC REHABILITATION					69.02
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS					90.01
90.02 PARTIAL HOSPITALIZATION PROGRA					90.02
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
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER					192.02
192.03 MOBILE DENTAL CLINIC					192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01
194.02 FOUNDATION					194.02
194.03 OTHER NRCC					194.03

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
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