

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY RML SPECIALTY HOSPITAL (14-2010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2010 AND ENDING 05/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		HIT	TITLE XIX	
	1	PART A	PART B	4	5	
1	HOSPITAL					1
2	SUBPROVIDER - IPF					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					200
		-418,230				
						-418,230

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: 5601 SOUTH COUNTY LINE ROAD
 2 CITY: HINSDALE STATE: IL

P.O.BOX:
 ZIP CODE: 60521 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	RML SPECIALTY HOSPITAL	14-2010	16974	2	06/01/1997	N	P	N	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2010			TO: 05/31/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		MEDICAID HMO DAYS	OTHER MEDICAID DAYS
		PAID DAYS	ELIGIBLE DAYS	PAID DAYS	ELIGIBLE DAYS		
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.						
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.						
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1	2	3	4	5	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.						
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		
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		
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						
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:	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						
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:	

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

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

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.1+COL.2))	
64	THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010. ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

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

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS 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)			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?			N 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.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER?			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.			Y 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	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	3,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	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	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 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.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS					
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.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	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	Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
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)	1 Y	2 10/31/2011	3 Y	4 09/30/2011
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)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		Y	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A LINE NO.	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			1
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	157	55,235		20,217	5,999	36,521	1
2	HMO					269			2
3	HMO IPF								3
4	HMO IRF								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		157	55,235		20,217	5,999	36,521	7
8	INTENSIVE CARE UNIT	31							8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34							11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43							13
14	TOTAL (SEE INSTRUCTIONS)		157	55,235		20,217	5,999	36,521	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40							16
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101							22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)		157						27
28	OBSERVATION BED DAYS								28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)								32
33	LTCH NON-COVERED DAYS					1,753			33

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	35,503,480		1,204,341.00		1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A						4
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		824,733		18,571.00		11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		8,586,632				17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS						19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		383,887		11,315.00		26
27	ADMINISTRATIVE & GENERAL		7,139,150	-295,343	192,920.00		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS		217,019		7,925.00		29
30	OPERATION OF PLANT		1,530,053		63,066.00		30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		810,953		58,053.00		32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		598,926	-295,630	16,800.00		34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			295,630	16,376.00		36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		977,122		26,853.00		38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		233,297		10,504.00		41
42	SOCIAL SERVICE		966,934		33,405.00		42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	35,503,480		35,503,480	1,204,341.00	29.48	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	35,503,480		35,503,480	1,204,341.00	29.48	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	824,733		824,733	18,571.00	44.41	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,586,632		8,586,632		24.19%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	44,914,845		44,914,845	1,222,912.00	36.73	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,857,341	-295,343	12,561,998	437,217.00	28.73	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	989,602	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	315,031	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)	3,321,433	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	192,832	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	59,702	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	90,303	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	847,516	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	2,635,897	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	47,379	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	86,937	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	8,586,632	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10
11/28/2011 09:18

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	824,733	8,586,632	1
2	HOSPITAL			2
3	SUBPROVIDER - IPF	824,733	8,586,632	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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		3,087,185	3,087,185	52,090	1
2	00200		1,853,494	1,853,494	56,379	2
3	00300		108,469	108,469	-108,469	3
4	00400	383,887	6,418,354	6,802,241	-7,295	4
5.01	00560	295,209	62,174	357,383		5.01
5.02	00570	1,168,797	187,813	1,356,610	-3	5.02
5.03	00580	357,018	50,197	407,215	-2	5.03
5.04	00590	5,318,126	7,809,551	13,127,677	-301,115	5.04
6	00600	217,019	196,591	413,610	-117,878	6
7	00700	1,530,053	1,838,863	3,368,916	-52	7
8	00800		225,313	225,313		8
9	00900	810,953	274,664	1,085,617	-1,498	9
10	01000	598,926	333,334	932,260	-519,299	10
11	01100				402,180	11
12	01200					12
13	01300	977,122	79,884	1,057,006		13
14	01400					14
15	01500					15
16	01600	233,297	99,633	332,930		16
17	01700	966,934	203,264	1,170,198	-172	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	12,968,021	3,727,441	16,695,462	-1,261,144	30
ANCILLARY SERVICE COST CENTERS						
50	05000	358,814	487,906	846,720	-219,450	50
54	05400	586,853	113,892	700,745	-4,121	54
56	05600		28,715	28,715	-4,715	56
57	05700		95,850	95,850		57
60	06000	87,973	1,380,635	1,468,608	-31,688	60
62.30	06250					62.30
65	06500	5,405,031	1,912,713	7,317,744	-952,106	65
65.01	06501					65.01
66	06600	502,456	470,614	973,070	-7,479	66
67	06700	117,563	320,132	437,695	-3,847	67
68	06800	237,390	27,196	264,586	3,384	68
68.01	06801	212,673	21,006	233,679		68.01
71	07100				3,504,584	71
73	07300	1,317,131	2,938,714	4,255,845	110,902	73
74	07400		966,421	966,421	-3,136	74
75.01	03630	73,762	4,071	77,833	1,051	75.01
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	778,472	984,389	1,762,861	-587,101	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
118		35,503,480	36,308,478	71,811,958		118
SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS						
190.01	19001					190.01
192	19200					192
200		35,503,480	36,308,478	71,811,958		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	3,139,275	-183,913	2,955,362	1
2	00200	1,909,873		1,909,873	2
3	00300				3
4	00400	6,794,946	-409,639	6,385,307	4
5.01	00560	357,383	-23	357,360	5.01
5.02	00570	1,356,607	-3,466	1,353,141	5.02
5.03	00580	407,213	-80	407,133	5.03
5.04	00590	12,826,562	-3,546,536	9,280,026	5.04
6	00600	295,732		295,732	6
7	00700	3,368,864	-519	3,368,345	7
8	00800	225,313		225,313	8
9	00900	1,084,119	-102	1,084,017	9
10	01000	412,961	-9,701	403,260	10
11	01100	402,180	-92,382	309,798	11
12	01200				12
13	01300	1,057,006	-17	1,056,989	13
14	01400				14
15	01500				15
16	01600	332,930	-300	332,630	16
17	01700	1,170,026		1,170,026	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	15,434,318	242,200	15,676,518	30
ANCILLARY SERVICE COST CENTERS					
50	05000	627,270	62,568	689,838	50
54	05400	696,624	32,820	729,444	54
56	05600	24,000		24,000	56
57	05700	95,850		95,850	57
60	06000	1,436,920	47,290	1,484,210	60
62.30	06250				62.30
65	06500	6,365,638	-1,234,090	5,131,548	65
65.01	06501				65.01
66	06600	965,591	1,600	967,191	66
67	06700	433,848		433,848	67
68	06800	267,970		267,970	68
68.01	06801	233,679	-233,679		68.01
71	07100	3,504,584		3,504,584	71
73	07300	4,366,747	105,804	4,472,551	73
74	07400	963,285	29,394	992,679	74
75.01	03630	78,884		78,884	75.01
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	1,175,760	-931,155	244,605	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		71,811,958	-6,123,926	65,688,032	118
SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS					
190.01	19001				190.01
192	19200				192
200		71,811,958	-6,123,926	65,688,032	200
TOTAL (SUM OF LINES 118-199)					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
1	1	2	3	4	5	
1 CAFETERIA COSTS	A	CAFETERIA	11	295,630	106,550	1
2 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHRGED TO PA	71		3,504,584	2
3	B					3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10	B					10
11	B					11
12	B					12
13	B					13
14	B					14
15	B					15
16	B					16
17	B					17
18	B					18
19	B					19
20	B					20
21 DRUGS	C	DRUGS CHARGED TO PATIENTS	73		111,527	21
22	C	OTHER ADMINISTRATIVE & GENERA	5.04		5	22
23	C					23
24	C					24
25	C					25
26 SALARY RECLASS	D	ADULTS & PEDIATRICS	30	184,836		26
27	D	OPERATING ROOM	50	5,114		27
28	D	RADIOLOGY-DIAGNOSTIC	54	8,365		28
29	D	RESPIRATORY THERAPY	65	63,728		29
30	D	PHYSICAL THERAPY	66	7,162		30
31	D	OCCUPATIONAL THERAPY	67	1,676		31
32	D	SPEECH PATHOLOGY	68	3,384		32
33	D	DRUGS CHARGED TO PATIENTS	73	18,773		33
34	D	ULTRASOUND	75.01	1,051		34
35	D	LABORATORY	60	1,254		35
36 EMERGENCY ROOM RN	E	ADULTS & PEDIATRICS	30	66,958	4,821	36
37 EMERGENCY ROOM AVAILABILITY	F	ADULTS & PEDIATRICS	30		352,408	37
38	F	ADULTS & PEDIATRICS	30	147,326	10,607	38
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				805,257	4,090,502	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 CAFETERIA COSTS	A	DIETARY	10	295,630	106,550	1
2 MEDICAL SUPPLIES	B	ADMITTING	5.02		3	2
3	B	PATIENT ACCOUNTS	5.03		2	3
4	B	OTHER ADMINISTRATIVE & GENERA	5.04		5,777	4
5	B	MAINTENANCE & REPAIRS	6		117,878	5
6	B	OPERATION OF PLANT	7		52	6
7	B	HOUSEKEEPING	9		1,498	7
8	B	SOCIAL SERVICE	17		172	8
9	B	ADULTS & PEDIATRICS	30		1,927,060	9
10	B	RESPIRATORY THERAPY	65		1,015,747	10
11	B	EMERGENCY	91		4,981	11
12	B	DRUGS CHARGED TO PATIENTS	73		19,398	12
13	B	OPERATING ROOM	50		222,394	13
14	B	DIETARY	10		117,119	14
15	B	RADIOLOGY-DIAGNOSTIC	54		12,486	15
16	B	LABORATORY	60		32,942	16
17	B	RADIOISOTOPE	56		4,715	17
18	B	PHYSICAL THERAPY	66		14,641	18
19	B	OCCUPATIONAL THERAPY	67		5,523	19
20	B	RENAL DIALYSIS	74		2,196	20
21 DRUGS	C	EMPLOYEE BENEFITS	4		7,295	21
22	C	ADULTS & PEDIATRICS	30		101,040	22
23	C	RESPIRATORY THERAPY	65		87	23
24	C	OPERATING ROOM	50		2,170	24
25	C	RENAL DIALYSIS	74		940	25
26 SALARY RECLASS	D	OTHER ADMINISTRATIVE & GENERA	5.04	295,343		26
27	D					27
28	D					28
29	D					29
30	D					30
31	D					31
32	D					32
33	D					33
34	D					34
35	D					35
36 EMERGENCY ROOM RN	E	EMERGENCY	91	66,958	4,821	36
37 EMERGENCY ROOM AVAILABILITY	F	EMERGENCY	91		352,408	37
38	F	EMERGENCY	91	147,326	10,607	38
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				805,257	4,090,502	500

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
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES							3
4 BUILDING IMPROVEMENTS	16,383,156				440,284	15,942,872	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	12,210,909	5,149,637		5,149,637	104,880	17,255,666	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	28,594,065	5,149,637		5,149,637	545,164	33,198,538	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	28,594,065	5,149,637		5,149,637	545,164	33,198,538	10

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

SUMMARY OF CAPITAL

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	878,924	2,208,261					3,087,185 1
2 CAP REL COSTS-MVBLE EQUIP	1,756,432		97,062				1,853,494 2
3 TOTAL (SUM OF LINES 1-2)	2,635,356	2,208,261	97,062				4,940,679 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	15,942,872		15,942,872	0.480228	52,090			52,090 1
2 CAP REL COSTS-MVBLE EQUIP	17,255,666		17,255,666	0.519772	56,379			56,379 2
3 TOTAL (SUM OF LINES 1-2)	33,198,538		33,198,538	1.000000	108,469			108,469 3

SUMMARY OF CAPITAL

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	878,924	2,024,348		52,090			2,955,362 1
2 CAP REL COSTS-MVBLE EQUIP	1,756,432		97,062	56,379			1,909,873 2
3 TOTAL	2,635,356	2,024,348	97,062	108,469			4,865,235 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,104,483			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-351,393			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-92,382	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					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					32
33 BAD DEBTS	A	-1,400,244	OTHER ADMINISTRATIVE & GENERAL	5.04	33
33.01 MEDICAL RECORDS PHOTOCOPYING	B	-300	MEDICAL RECORDS & LIBRARY	16	33.01
33.05 RESEARCH AND DEVELOPMENT	A	-25,703	OTHER ADMINISTRATIVE & GENERAL	5.04	33.05
33.06 MARKETING	A	-3,449	ADMITTING	5.02	33.06
33.07 PULMONARY EXPENSE	A	-1,306,156	RESPIRATORY THERAPY	65	33.07
33.08 OTHER REVENUE - A & G	B	-36,439	OTHER ADMINISTRATIVE & GENERAL	5.04	33.08
33.09 OTHER REVENUE - ACCOUNTING	B	-17	OTHER ADMINISTRATIVE & GENERAL	5.04	33.09
33.10 OTHER REVENUE - NURSING	B	-295	ADULTS & PEDIATRICS	30	33.10
33.11 OTHER REVENUE - FACILITY OPERATION	B	-519	OPERATION OF PLANT	7	33.11
33.13 OTHER REVENUE - PHARMACY	B	-837	DRUGS CHARGED TO PATIENTS	73	33.13
33.15 OTHER REVENUE - MISCELLANEOUS	B	-2,280	OTHER ADMINISTRATIVE & GENERAL	5.04	33.15
33.16 OTHER REVENUE - DIETARY	B	-9,701	DIETARY	10	33.16
33.17 OTHER REVENUE - RADIOLOGY	B	-129	RADIOLOGY-DIAGNOSTIC	54	33.17
33.19 DONATIONS	A	-64,056	OTHER ADMINISTRATIVE & GENERAL	5.04	33.19
33.22 ENTERTAINMENT EXPENSE	A	-76,752	OTHER ADMINISTRATIVE & GENERAL	5.04	33.22
33.23 MEMBERSHIP DUES	A	-66,208	OTHER ADMINISTRATIVE & GENERAL	5.04	33.23
33.24 UNFUNDED SELF INSURANCE	A	-23,373	OTHER ADMINISTRATIVE & GENERAL	5.04	33.24
33.25 OTHER REVENUE - MEDICAL ADMINISTRA	B	-21,490	OTHER ADMINISTRATIVE & GENERAL	5.04	33.25
33.26 OTHER REVENUE - MEDICAL RECORDS	B	-17	OTHER ADMINISTRATIVE & GENERAL	5.04	33.26
33.27 PSYCHOLOGY BENEFITS/BILLING	A	-25,935	PSYCHOLOGY	68.01	33.27
33.28 EMERGENCY PHYSICIAN FICA	A	-24,285	EMERGENCY	91	33.28
33.31 OTHER REVENUE - PATIENT ACCOUNTS	B	-80	PATIENT ACCOUNTS	5.03	33.31
34 OTHER REVENUE - INTAKE	B	-17	ADMITTING	5.02	34
35 PROVIDER RELATIONS MARKETING	A	-112,510	OTHER ADMINISTRATIVE & GENERAL	5.04	35
36 FUND RAISING	A	-176,796	OTHER ADMINISTRATIVE & GENERAL	5.04	36
37 OTHER REVENUE - HOUSEKEEPING	B	-102	HOUSEKEEPING	9	37
38 MEDICAID PROVIDER TAX-SUPPLEMENTAL	A	-343,091	OTHER ADMINISTRATIVE & GENERAL	5.04	38
39 NEW BUSINESS DEVELOPMENT	A	-1,074,852	OTHER ADMINISTRATIVE & GENERAL	5.04	39
40 OTHER REVENUE - PURCHASING	B	-23	PURCHASING	5.01	40

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	
41 OTHER REVENUE - STAFFING SERVICES	B	-17	NURSING ADMINISTRATION	13	41
42 OTHER REVENUE - RESPIRATORY THERAP	B	-33	RESPIRATORY THERAPY	65	42
43 OTHER REVENUE - LABORATORY	B	-24	LABORATORY	60	43
44 OTHER REVENUE - PHYSICAL THERAPY	B	-155	PHYSICAL THERAPY	66	44
45 EMERGENCY PHYSICIAN BENEFITS	A	-58,690	EMPLOYEE BENEFITS	4	45
46 SERP ADJUSTMENT	A	-244,740	EMPLOYEE BENEFITS	4	46
47 ADVOCATE COST - STRADDLE PATIENTS	A	277,136	ADULTS & PEDIATRICS	30	47
47.01 ADVOACTE COST - STRADDLE PATIENTS	A	62,568	OPERATING ROOM	50	47.01
47.02 ADVOCATE COST - STRADDLE PATIENTS	A	32,949	RADIOLOGY-DIAGNOSTIC	54	47.02
47.03 ADVOCATE COST - STRADDLE PATIENTS	A	106,641	DRUGS CHARGED TO PATIENTS	73	47.03
47.04 ADVOCATE COST - STRADDLE PATIENTS	A	29,394	RENAL DIALYSIS	74	47.04
47.05 ADVOCATE COST - STRADDLE PATIENTS	A	72,099	RESPIRATORY THERAPY	65	47.05
47.06 ADVOCATE COST - STRADDLE PATIENTS	A	1,755	PHYSICAL THERAPY	66	47.06
47.07 ADVOCATE COST - STRADDLE PATIENTS	A	47,314	LABORATORY	60	47.07
48 PSYCHOLOGY PHYSICIAN BENEFITS	A	-36,287	EMPLOYEE BENEFITS	4	48
49 PULMONARY PHYSICIAN BENEFITS	A	-69,922	EMPLOYEE BENEFITS	4	49
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,123,926			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	1	CAP REL COSTS-BLDG & FIXT	692,959	876,872	-183,913	10 1
2	74	RENAL DIALYSIS	38,610	38,610		2
3	5.04	OTHER ADMINISTRATIVE & GENERAL		5,000	-5,000	3
4	91	EMERGENCY		162,480	-162,480	4
5		TOTALS (SUM OF LINES 1-4)	731,569	1,082,962	-351,393	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
		3	4	5	6		
6	B	49.50	LOYOLA UNIVERSITY MEDICAL CTR		HOSPITAL	6	
7	B	49.50	ADVOCATE HEALTH AND HOSPITALS		HOSPITAL	7	
8	B	1.00	RML HEALTH PROVIDERS		PARTNERSHIP	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.	1	2	3	4	5	6	7	8	9
1	5.04 OTHER ADMINISTRATIVE & G DR. F	3,000		3,000	177,200	21	1,789	89	
2	5.04 OTHER ADMINISTRATIVE & G DR. D	28,537		28,537	177,200	102	8,690	435	
3	5.04 OTHER ADMINISTRATIVE & G DR. T	36,000		36,000	177,200	360	30,669	1,533	
4	5.04 OTHER ADMINISTRATIVE & G DR. J	36,000		36,000	177,200	359	30,584	1,529	
5	5.04 OTHER ADMINISTRATIVE & G DR. RP	43,200		43,200	177,200	384	32,714	1,636	
6	5.04 OTHER ADMINISTRATIVE & G DR. B	39,900		39,900	177,200	266	22,661	1,133	
7	5.04 OTHER ADMINISTRATIVE & G DR. RIP	16,868		16,868	177,200	113	9,627	481	
8	68.01 PSYCHOLOGY	207,744	207,744						
9	91 EMERGENCY	337,298	337,298						
10	5.04 OTHER ADMINISTRATIVE & G UROLOGY	11,000	11,000						
11	5.04 OTHER ADMINISTRATIVE & G NEUROLOGY	8,750	8,750						
12	5.04 OTHER ADMINISTRATIVE & G DR. U	33,000		33,000	177,200	218	18,572	929	
13	5.04 OTHER ADMINISTRATIVE & G DR. Z	12,100		12,100	177,200	84	7,156	358	
14	5.04 OTHER ADMINISTRATIVE & G DR. R	2,100		2,100	177,200	14	1,193	60	
15	5.04 OTHER ADMINISTRATIVE & G DR. N	10,575		10,575	177,200	78	6,645	332	
16	5.04 OTHER ADMINISTRATIVE & G DR. RB	8,700		8,700	177,200	58	4,941	247	
17	5.04 OTHER ADMINISTRATIVE & G DR. DG	5,775		5,775	177,200	39	3,323	166	
18	5.04 OTHER ADMINISTRATIVE & G SR. SS	1,425		1,425	177,200	10	852	43	
19	5.04 OTHER ADMINISTRATIVE & G DR. OL	450		450	177,200	3	256	13	
20	30 ADULTS & PEDIATRICS	147,326		147,326	177,200	2,081	177,285	8,864	
21	30 ADULTS & PEDIATRICS	352,408		352,408	177,200	3,730	317,767	15,888	
22	91 EMERGENCY	407,092	407,092						
200	TOTAL	1,749,248	971,884	777,364		7,920	674,724	33,736	

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	5.04 OTHER ADMINISTRATIVE & G DR. F					1,789	1,211	1,211
2	5.04 OTHER ADMINISTRATIVE & G DR. D					8,690	19,847	19,847
3	5.04 OTHER ADMINISTRATIVE & G DR. T					30,669	5,331	5,331
4	5.04 OTHER ADMINISTRATIVE & G DR. J					30,584	5,416	5,416
5	5.04 OTHER ADMINISTRATIVE & G DR. RP					32,714	10,486	10,486
6	5.04 OTHER ADMINISTRATIVE & G DR. B					22,661	17,239	17,239
7	5.04 OTHER ADMINISTRATIVE & G DR. RIP					9,627	7,241	7,241
8	68.01 PSYCHOLOGY							207,744
9	91 EMERGENCY							337,298
10	5.04 OTHER ADMINISTRATIVE & G UROLOGY							11,000
11	5.04 OTHER ADMINISTRATIVE & G NEUROLOGY							8,750
12	5.04 OTHER ADMINISTRATIVE & G DR. U					18,572	14,428	14,428
13	5.04 OTHER ADMINISTRATIVE & G DR. Z					7,156	4,944	4,944
14	5.04 OTHER ADMINISTRATIVE & G DR. R					1,193	907	907
15	5.04 OTHER ADMINISTRATIVE & G DR. N					6,645	3,930	3,930
16	5.04 OTHER ADMINISTRATIVE & G DR. RB					4,941	3,759	3,759
17	5.04 OTHER ADMINISTRATIVE & G DR. DG					3,323	2,452	2,452
18	5.04 OTHER ADMINISTRATIVE & G SR. SS					852	573	573
19	5.04 OTHER ADMINISTRATIVE & G DR. OL					256	194	194
20	30 ADULTS & PEDIATRICS					177,285		
21	30 ADULTS & PEDIATRICS					317,767	34,641	34,641
22	91 EMERGENCY							407,092
200	TOTAL					674,724	132,599	1,104,483

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	PURCHASING 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,955,362	2,955,362				1
2 CAP REL COSTS-MVBLE EQUIP	1,909,873		1,909,873			2
4 EMPLOYEE BENEFITS	6,385,307	77,773	1,727	6,464,807		4
5.01 PURCHASING	357,360	82,924	15,268	56,739	512,291	5.01
5.02 ADMITTING	1,353,141	41,478	6,182	224,644	542	5.02
5.03 PATIENT ACCOUNTS	407,133	21,793	1,622	68,619	453	5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	9,280,026	838,282	529,829	1,022,149	28,074	5.04
6 MAINTENANCE & REPAIRS	295,732	55,948	618	41,711	95	6
7 OPERATION OF PLANT	3,368,345	235,589	44,848	294,078	12,613	7
8 LAUNDRY & LINEN SERVICE	225,313	52,262	163		665	8
9 HOUSEKEEPING	1,084,017	46,612	6,030	155,866	13,059	9
10 DIETARY	403,260	170,901	14,614	58,294	4,893	10
11 CAFETERIA	309,798	75,890		56,820	4,770	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,056,989	19,331		187,804	82	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	332,630	38,742	1,507	44,840	174	16
17 SOCIAL SERVICE	1,170,026	25,173	3,560	185,846	566	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,676,518	650,947	717,452	2,533,645	13,853	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	689,838	29,857	20,214	68,964	158	50
54 RADIOLOGY-DIAGNOSTIC	729,444	70,739	172,841	112,794	134	54
56 RADIOISOTOPE	24,000	1,787				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	95,850	11,170	139,995			57
60 LABORATORY	1,484,210			16,908	25,647	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	5,131,548	54,902	224,860	859,351	1,535	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	967,191	27,411	1,399	96,573	164	66
67 OCCUPATIONAL THERAPY	433,848	18,059		22,596		67
68 SPEECH PATHOLOGY	267,970	16,079		45,627	1	68
68.01 PSYCHOLOGY		10,317	1,042		6	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,504,584				224,634	71
73 DRUGS CHARGED TO PATIENTS	4,472,551	50,137	5,812	253,154	180,093	73
74 RENAL DIALYSIS	992,679	4,990			5	74
75.01 ULTRASOUND	78,884	4,635		14,177		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	244,605	65,315	290	43,608	75	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	65,688,032	2,799,043	1,909,873	6,464,807	512,291	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		50,282				190.01
192 PHYSICIANS' PRIVATE OFFICES		106,037				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	65,688,032	2,955,362	1,909,873	6,464,807	512,291	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT	SUBTOTAL (COLS. 0-4) 4A	OTHER A&G	MAIN- TENANCE & REPAIRS 6	
	5.02	ACCOUNTS 5.03		5.04		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING	1,625,987					5.02
5.03 PATIENT ACCOUNTS		499,620				5.03
5.04 OTHER ADMINISTRATIVE & GENERAL			11,698,360	11,698,360		5.04
6 MAINTENANCE & REPAIRS			394,104	85,394	479,498	6
7 OPERATION OF PLANT			3,955,473	857,064		7
8 LAUNDRY & LINEN SERVICE			278,403	60,324		8
9 HOUSEKEEPING			1,305,584	282,891		9
10 DIETARY			651,962	141,266		10
11 CAFETERIA			447,278	96,915		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,264,206	273,926		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			417,893	90,548		16
17 SOCIAL SERVICE			1,385,171	300,136		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	593,365	182,328	20,368,108	4,413,306	327,591	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,860	2,722	820,613	177,809		50
54 RADIOLOGY-DIAGNOSTIC	18,638	5,727	1,110,317	240,581	1,251	54
56 RADIOISOTOPE	276	85	26,148	5,666		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,784	3,314	261,113	56,577		57
60 LABORATORY	49,963	15,352	1,592,080	344,969		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	401,039	123,227	6,796,462	1,472,644	149,655	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	20,443	6,281	1,119,462	242,563	751	66
67 OCCUPATIONAL THERAPY	14,654	4,503	493,660	106,965		67
68 SPEECH PATHOLOGY	10,197	3,133	343,007	74,322		68
68.01 PSYCHOLOGY			11,365	2,463		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	149,099	45,813	3,924,130	850,273		71
73 DRUGS CHARGED TO PATIENTS	304,233	93,481	5,359,461	1,161,277	250	73
74 RENAL DIALYSIS	37,790	11,612	1,047,076	226,878		74
75.01 ULTRASOUND	4,679	1,438	103,813	22,494		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,967	604	356,464	77,238		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,625,987	499,620	65,531,713	11,664,489	479,498	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE			50,282	10,895		190.01
192 PHYSICIANS' PRIVATE OFFICES			106,037	22,976		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,625,987	499,620	65,688,032	11,698,360	479,498	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,812,537					7
8 LAUNDRY & LINEN SERVICE	157,040	495,767				8
9 HOUSEKEEPING	140,064		1,728,539			9
10 DIETARY	513,537		196,586	1,503,351		10
11 CAFETERIA	228,040		87,295		859,528	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	58,086		22,236		27,179	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	116,414		44,564		10,632	16
17 SOCIAL SERVICE	75,643		28,956		33,811	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,956,019	495,767	748,777	1,503,351	510,555	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	89,717		34,344		8,695	50
54 RADIOLOGY-DIAGNOSTIC	212,563		81,371		14,800	54
56 RADIOISOTOPE	5,368		2,055			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	33,565		12,849			57
60 LABORATORY					5,116	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	164,972		63,153		164,908	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	82,365		31,530		19,600	66
67 OCCUPATIONAL THERAPY	54,265		20,773		3,642	67
68 SPEECH PATHOLOGY	48,316		18,496		7,600	68
68.01 PSYCHOLOGY	31,002		11,868		5,158	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	150,656		57,672		35,811	73
74 RENAL DIALYSIS	14,993		5,739			74
75.01 ULTRASOUND	13,929		5,332		1,579	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	196,264		75,131		10,442	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,342,818	495,767	1,548,727	1,503,351	859,528	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	151,092		57,839			190.01
192 PHYSICIANS' PRIVATE OFFICES	318,627		121,973			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,812,537	495,767	1,728,539	1,503,351	859,528	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 PATIENT ACCOUNTS					5.03
5.04 OTHER ADMINISTRATIVE & GENERAL					5.04
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,645,633				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		680,051			16
17 SOCIAL SERVICE			1,823,717		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,586,178	248,148	1,823,717	33,981,517	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	27,013	3,706		1,161,897	50
54 RADIOLOGY-DIAGNOSTIC		7,795		1,668,678	54
56 RADIOISOTOPE		115		39,352	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,511		368,615	57
60 LABORATORY		20,898		1,963,063	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		167,738		8,979,532	65
65.01 PULMONARY REHAB					65.01
66 PHYSICAL THERAPY		8,550		1,504,821	66
67 OCCUPATIONAL THERAPY		6,129		685,434	67
68 SPEECH PATHOLOGY		4,265		496,006	68
68.01 PSYCHOLOGY				61,856	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		62,362		4,836,765	71
73 DRUGS CHARGED TO PATIENTS		127,248		6,892,375	73
74 RENAL DIALYSIS		15,806		1,310,492	74
75.01 ULTRASOUND		1,957		149,104	75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	32,442	823		748,804	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OPT					99.20
99.30 CMHC					99.30
99.40 OPT					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,645,633	680,051	1,823,717	64,848,311	118
NONREIMBURSABLE COST CENTERS					
190.01 IDLE SPACE				270,108	190.01
192 PHYSICIANS' PRIVATE OFFICES				569,613	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,645,633	680,051	1,823,717	65,688,032	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	PURCHASING		5.01
5.02	ADMITTING		5.02
5.03	PATIENT ACCOUNTS		5.03
5.04	OTHER ADMINISTRATIVE & GENERAL		5.04
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	33,981,517	30
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,161,897	50
54	RADIOLOGY-DIAGNOSTIC	1,668,678	54
56	RADIOISOTOPE	39,352	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	368,615	57
60	LABORATORY	1,963,063	60
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65	RESPIRATORY THERAPY	8,979,532	65
65.01	PULMONARY REHAB		65.01
66	PHYSICAL THERAPY	1,504,821	66
67	OCCUPATIONAL THERAPY	685,434	67
68	SPEECH PATHOLOGY	496,006	68
68.01	PSYCHOLOGY	61,856	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,836,765	71
73	DRUGS CHARGED TO PATIENTS	6,892,375	73
74	RENAL DIALYSIS	1,310,492	74
75.01	ULTRASOUND	149,104	75.01
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	748,804	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OPT		99.20
99.30	CMHC		99.30
99.40	OPT		99.40
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	64,848,311	118
NONREIMBURSABLE COST CENTERS			
190.01	IDLE SPACE	270,108	190.01
192	PHYSICIANS' PRIVATE OFFICES	569,613	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	65,688,032	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		77,773	1,727	79,500	79,500	4
5.01 PURCHASING		82,924	15,268	98,192	698	5.01
5.02 ADMITTING	15,655	41,478	6,182	63,315	2,763	5.02
5.03 PATIENT ACCOUNTS		21,793	1,622	23,415	844	5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	8,354	838,282	529,829	1,376,465	12,572	5.04
6 MAINTENANCE & REPAIRS		55,948	618	56,566	513	6
7 OPERATION OF PLANT		235,589	44,848	280,437	3,617	7
8 LAUNDRY & LINEN SERVICE		52,262	163	52,425		8
9 HOUSEKEEPING		46,612	6,030	52,642	1,917	9
10 DIETARY	352	170,901	14,614	185,867	717	10
11 CAFETERIA		75,890		75,890	699	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		19,331		19,331	2,310	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		38,742	1,507	40,249	552	16
17 SOCIAL SERVICE		25,173	3,560	28,733	2,286	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	403,234	650,947	717,452	1,771,633	31,148	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		29,857	20,214	50,071	848	50
54 RADIOLOGY-DIAGNOSTIC		70,739	172,841	243,580	1,387	54
56 RADIOISOTOPE		1,787		1,787		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		11,170	139,995	151,165		57
60 LABORATORY					208	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	64,189	54,902	224,860	343,951	10,570	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY		27,411	1,399	28,810	1,188	66
67 OCCUPATIONAL THERAPY		18,059		18,059	278	67
68 SPEECH PATHOLOGY		16,079		16,079	561	68
68.01 PSYCHOLOGY		10,317	1,042	11,359		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	90,376	50,137	5,812	146,325	3,114	73
74 RENAL DIALYSIS		4,990		4,990		74
75.01 ULTRASOUND		4,635		4,635	174	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		65,315	290	65,605	536	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	582,160	2,799,043	1,909,873	5,291,076	79,500	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		50,282		50,282		190.01
192 PHYSICIANS' PRIVATE OFFICES		106,037		106,037		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	582,160	2,955,362	1,909,873	5,447,395	79,500	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT ACCOUNTS	OTHER A&G	MAIN-TENANCE & REPAIRS	6
	5.01	5.02	5.03	5.04		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING	98,890					5.01
5.02 ADMITTING	105	66,183				5.02
5.03 PATIENT ACCOUNTS	87		24,346			5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	5,419			1,394,456		5.04
6 MAINTENANCE & REPAIRS	18			10,179	67,276	6
7 OPERATION OF PLANT	2,435			102,162		7
8 LAUNDRY & LINEN SERVICE	128			7,191		8
9 HOUSEKEEPING	2,521			33,721		9
10 DIETARY	945			16,839		10
11 CAFETERIA	921			11,552		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16			32,652		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	34			10,793		16
17 SOCIAL SERVICE	109			35,776		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,674	24,184	8,889	526,079	45,963	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30	360	133	21,195		50
54 RADIOLOGY-DIAGNOSTIC	26	758	279	28,677	176	54
56 RADIOISOTOPE		11	4	675		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		439	161	6,744		57
60 LABORATORY	4,951	2,032	748	41,120		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	296	16,312	6,003	175,539	20,997	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	32	831	306	28,913	105	66
67 OCCUPATIONAL THERAPY		596	219	12,750		67
68 SPEECH PATHOLOGY		415	153	8,859		68
68.01 PSYCHOLOGY	1			294		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	43,361	6,064	2,232	101,352		71
73 DRUGS CHARGED TO PATIENTS	34,765	12,374	4,554	138,424	35	73
74 RENAL DIALYSIS	1	1,537	566	27,044		74
75.01 ULTRASOUND		190	70	2,681		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15	80	29	9,207		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	98,890	66,183	24,346	1,390,418	67,276	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE				1,299		190.01
192 PHYSICIANS' PRIVATE OFFICES				2,739		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	98,890	66,183	24,346	1,394,456	67,276	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	388,651					7
8 LAUNDRY & LINEN SERVICE	12,682	72,426				8
9 HOUSEKEEPING	11,311		102,112			9
10 DIETARY	41,472		11,613	257,453		10
11 CAFETERIA	18,416		5,157		112,635	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,691		1,314		3,562	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,401		2,633		1,393	16
17 SOCIAL SERVICE	6,109		1,711		4,431	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	157,963	72,426	44,232	257,453	66,906	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,245		2,029		1,139	50
54 RADIOLOGY-DIAGNOSTIC	17,166		4,807		1,939	54
56 RADIOISOTOPE	434		121			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,711		759			57
60 LABORATORY					670	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	13,323		3,731		21,610	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	6,652		1,863		2,568	66
67 OCCUPATIONAL THERAPY	4,382		1,227		477	67
68 SPEECH PATHOLOGY	3,902		1,093		996	68
68.01 PSYCHOLOGY	2,504		701		676	68.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	12,167		3,407		4,693	73
74 RENAL DIALYSIS	1,211		339			74
75.01 ULTRASOUND	1,125		315		207	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,850		4,438		1,368	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	350,717	72,426	91,490	257,453	112,635	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	12,202		3,417			190.01
192 PHYSICIANS' PRIVATE OFFICES	25,732		7,205			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	388,651	72,426	102,112	257,453	112,635	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 PATIENT ACCOUNTS					5.03
5.04 OTHER ADMINISTRATIVE & GENERAL					5.04
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	63,876				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		65,055			16
17 SOCIAL SERVICE			79,155		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	61,568	23,766	79,155	3,174,039	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,049	354		84,453	50
54 RADIOLOGY-DIAGNOSTIC		745		299,540	54
56 RADIOISOTOPE		11		3,043	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		431		162,410	57
60 LABORATORY		1,998		51,727	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		16,035		628,367	65
65.01 PULMONARY REHAB					65.01
66 PHYSICAL THERAPY		817		72,085	66
67 OCCUPATIONAL THERAPY		586		38,574	67
68 SPEECH PATHOLOGY		408		32,466	68
68.01 PSYCHOLOGY				15,535	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,962		158,971	71
73 DRUGS CHARGED TO PATIENTS		12,165		372,023	73
74 RENAL DIALYSIS		1,511		37,199	74
75.01 ULTRASOUND		187		9,584	75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	1,259	79		98,466	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OPT					99.20
99.30 CMHC					99.30
99.40 OPT					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	63,876	65,055	79,155	5,238,482	118
NONREIMBURSABLE COST CENTERS					
190.01 IDLE SPACE				67,200	190.01
192 PHYSICIANS' PRIVATE OFFICES				141,713	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	63,876	65,055	79,155	5,447,395	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	PURCHASING		5.01
5.02	ADMITTING		5.02
5.03	PATIENT ACCOUNTS		5.03
5.04	OTHER ADMINISTRATIVE & GENERAL		5.04
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	3,174,039	30
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	84,453	50
54	RADIOLOGY-DIAGNOSTIC	299,540	54
56	RADIOISOTOPE	3,043	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	162,410	57
60	LABORATORY	51,727	60
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65	RESPIRATORY THERAPY	628,367	65
65.01	PULMONARY REHAB		65.01
66	PHYSICAL THERAPY	72,085	66
67	OCCUPATIONAL THERAPY	38,574	67
68	SPEECH PATHOLOGY	32,466	68
68.01	PSYCHOLOGY	15,535	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	158,971	71
73	DRUGS CHARGED TO PATIENTS	372,023	73
74	RENAL DIALYSIS	37,199	74
75.01	ULTRASOUND	9,584	75.01
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	98,466	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OPT		99.20
99.30	CMHC		99.30
99.40	OPT		99.40
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	5,238,482	118
NONREIMBURSABLE COST CENTERS			
190.01	IDLE SPACE	67,200	190.01
192	PHYSICIANS' PRIVATE OFFICES	141,713	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	5,447,395	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	PURCHASING SUPPLIES EXPENSE	ADMITTING CHARGES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	183,615					1
2 CAP REL COSTS-MVBLE EQUIP		7,640,917				2
4 EMPLOYEE BENEFITS	4,832	6,911	33,635,699			4
5.01 PURCHASING	5,152	61,084	295,209	7,992,515		5.01
5.02 ADMITTING	2,577	24,732	1,168,797	8,455	160,133,507	5.02
5.03 PATIENT ACCOUNTS	1,354	6,491	357,018	7,069		5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	52,082	2,119,716	5,318,126	438,007		5.04
6 MAINTENANCE & REPAIRS	3,476	2,472	217,019	1,483		6
7 OPERATION OF PLANT	14,637	179,424	1,530,053	196,787		7
8 LAUNDRY & LINEN SERVICE	3,247	653		10,377		8
9 HOUSEKEEPING	2,896	24,126	810,953	203,744		9
10 DIETARY	10,618	58,467	303,296	76,346		10
11 CAFETERIA	4,715		295,630	74,417		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,201		977,122	1,282		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,407	6,029	233,297	2,721		16
17 SOCIAL SERVICE	1,564	14,242	966,934	8,829		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,443	2,870,327	13,182,305	216,126	58,437,326	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,855	80,872	358,814	2,463	872,556	50
54 RADIOLOGY-DIAGNOSTIC	4,395	691,496	586,853	2,083	1,835,520	54
56 RADIOISOTOPE	111				27,151	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	694	560,086			1,062,090	57
60 LABORATORY			87,973	400,131	4,920,533	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,411	899,608	4,471,108	23,956	39,495,693	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	1,703	5,599	502,456	2,552	2,013,259	66
67 OCCUPATIONAL THERAPY	1,122		117,563		1,443,133	67
68 SPEECH PATHOLOGY	999		237,390	9	1,004,258	68
68.01 PSYCHOLOGY	641	4,168		99		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				3,504,584	14,683,802	71
73 DRUGS CHARGED TO PATIENTS	3,115	23,254	1,317,131	2,809,745	29,961,911	73
74 RENAL DIALYSIS	310			78	3,721,733	74
75.01 ULTRASOUND	288		73,762		460,848	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,058	1,160	226,890	1,172	193,694	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	173,903	7,640,917	33,635,699	7,992,515	160,133,507	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	3,124					190.01
192 PHYSICIANS' PRIVATE OFFICES	6,588					192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,955,362	1,909,873	6,464,807	512,291	1,625,987	202
203 UNIT COST MULT-WS B PT I	16.095428	0.249953	0.192201	0.064096	0.010154	203
204 COST TO BE ALLOC PER B PT II			79,500	98,890	66,183	204
205 UNIT COST MULT-WS B PT II			0.002364	0.012373	0.000413	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	RECON- CILIATION	OTHER A&G	MAIN- TENANCE & REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	
	CHARGES		ACCUM COST			
	5.03	5A.04	5.04	6	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS	160,133,507					5.03
5.04 OTHER ADMINISTRATIVE & GENERAL		-11,698,360	53,989,672			5.04
6 MAINTENANCE & REPAIRS			394,104	1,916		6
7 OPERATION OF PLANT			3,955,473		99,505	7
8 LAUNDRY & LINEN SERVICE			278,403		3,247	8
9 HOUSEKEEPING			1,305,584		2,896	9
10 DIETARY			651,962		10,618	10
11 CAFETERIA			447,278		4,715	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,264,206		1,201	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			417,893		2,407	16
17 SOCIAL SERVICE			1,385,171		1,564	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD						21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	58,437,326		20,368,108	1,309	40,443	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	872,556		820,613		1,855	50
54 RADIOLOGY-DIAGNOSTIC	1,835,520		1,110,317	5	4,395	54
56 RADIOISOTOPE	27,151		26,148		111	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,062,090		261,113		694	57
60 LABORATORY	4,920,533		1,592,080			60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	39,495,693		6,796,462	598	3,411	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	2,013,259		1,119,462	3	1,703	66
67 OCCUPATIONAL THERAPY	1,443,133		493,660		1,122	67
68 SPEECH PATHOLOGY	1,004,258		343,007		999	68
68.01 PSYCHOLOGY			11,365		641	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,683,802		3,924,130			71
73 DRUGS CHARGED TO PATIENTS	29,961,911		5,359,461	1	3,115	73
74 RENAL DIALYSIS	3,721,733		1,047,076		310	74
75.01 ULTRASOUND	460,848		103,813		288	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	193,694		356,464		4,058	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	160,133,507	-11,698,360	53,833,353	1,916	89,793	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE			50,282		3,124	190.01
192 PHYSICIANS' PRIVATE OFFICES			106,037		6,588	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	499,620		11,698,360	479,498	4,812,537	202
203 UNIT COST MULT-WS B PT I	0.003120		0.216678	250.259916	48.364776	203
204 COST TO BE ALLOC PER B PT II	24,346		1,394,456	67,276	388,651	204
205 UNIT COST MULT-WS B PT II	0.000152		0.025828	35.112735	3.905844	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION FTES	
	8	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
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	361,295					8
9 HOUSEKEEPING		93,362				9
10 DIETARY		10,618	34,268			10
11 CAFETERIA		4,715		40,827		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,201		1,291	25,160	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		2,407		505		16
17 SOCIAL SERVICE		1,564		1,606		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD						21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	361,295	40,443	34,268	24,251	24,251	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,855		413	413	50
54 RADIOLOGY-DIAGNOSTIC		4,395		703		54
56 RADIOISOTOPE		111				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		694				57
60 LABORATORY				243		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		3,411		7,833		65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY		1,703		931		66
67 OCCUPATIONAL THERAPY		1,122		173		67
68 SPEECH PATHOLOGY		999		361		68
68.01 PSYCHOLOGY		641		245		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS		3,115		1,701		73
74 RENAL DIALYSIS		310				74
75.01 ULTRASOUND		288		75		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		4,058		496	496	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	361,295	83,650	34,268	40,827	25,160	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		3,124				190.01
192 PHYSICIANS' PRIVATE OFFICES		6,588				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	495,767	1,728,539	1,503,351	859,528	1,645,633	202
203 UNIT COST MULT-WS B PT I	1.372194	18.514374	43.870404	21.052931	65.406717	203
204 COST TO BE ALLOC PER B PT II	72,426	102,112	257,453	112,635	63,876	204
205 UNIT COST MULT-WS B PT II	0.200462	1.093721	7.512928	2.758836	2.538792	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY CHARGES 16	SOCIAL SERVICE PATIENT DAYS 17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 PURCHASING			5.01
5.02 ADMITTING			5.02
5.03 PATIENT ACCOUNTS			5.03
5.04 OTHER ADMINISTRATIVE & GENERAL			5.04
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	160,133,507		16
17 SOCIAL SERVICE		36,521	17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	58,437,326	36,521	30
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	872,556		50
54 RADIOLOGY-DIAGNOSTIC	1,835,520		54
56 RADIOISOTOPE	27,151		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,062,090		57
60 LABORATORY	4,920,533		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY	39,495,693		65
65.01 PULMONARY REHAB			65.01
66 PHYSICAL THERAPY	2,013,259		66
67 OCCUPATIONAL THERAPY	1,443,133		67
68 SPEECH PATHOLOGY	1,004,258		68
68.01 PSYCHOLOGY			68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,683,802		71
73 DRUGS CHARGED TO PATIENTS	29,961,911		73
74 RENAL DIALYSIS	3,721,733		74
75.01 ULTRASOUND	460,848		75.01
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	193,694		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
99.10 CORF			99.10
99.20 OPT			99.20
99.30 CMHC			99.30
99.40 OPT			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	160,133,507	36,521	118
NONREIMBURSABLE COST CENTERS			
190.01 IDLE SPACE			190.01
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	680,051	1,823,717	202
203 UNIT COST MULT-WS B PT I	0.004247	49.936119	203
204 COST TO BE ALLOC PER B PT II	65,055	79,155	204
205 UNIT COST MULT-WS B PT II	0.000406	2.167383	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	
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	33,981,517		33,981,517	34,641	34,016,158	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,161,897		1,161,897		1,161,897	50
54 RADIOLOGY-DIAGNOSTIC	1,668,678		1,668,678		1,668,678	54
56 RADIOISOTOPE	39,352		39,352		39,352	56
57 COMPUTED TOMOGRAPHY (CT) SC	368,615		368,615		368,615	57
60 LABORATORY	1,963,063		1,963,063		1,963,063	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	8,979,532		8,979,532		8,979,532	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	1,504,821		1,504,821		1,504,821	66
67 OCCUPATIONAL THERAPY	685,434		685,434		685,434	67
68 SPEECH PATHOLOGY	496,006		496,006		496,006	68
68.01 PSYCHOLOGY	61,856		61,856		61,856	68.01
71 MEDICAL SUPPLIES CHRGD TO	4,836,765		4,836,765		4,836,765	71
73 DRUGS CHARGED TO PATIENTS	6,892,375		6,892,375		6,892,375	73
74 RENAL DIALYSIS	1,310,492		1,310,492		1,310,492	74
75.01 ULTRASOUND	149,104		149,104		149,104	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	748,804		748,804		748,804	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	64,848,311		64,848,311	34,641	64,882,952	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	64,848,311		64,848,311	34,641	64,882,952	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			
30 INPATIENT ROUTINE SERV COST CENTERS						30
ADULTS & PEDIATRICS	58,695,583		58,695,583			
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	902,707	190	902,897	1.286854	1.286854	1.286854 50
54 RADIOLOGY-DIAGNOSTIC	1,723,038	128,040	1,851,078	0.901463	0.901463	0.901463 54
56 RADIOISOTOPE	27,151		27,151	1.449376	1.449376	1.449376 56
57 COMPUTED TOMOGRAPHY (CT) SC	1,023,460	38,630	1,062,090	0.347066	0.347066	0.347066 57
60 LABORATORY	4,899,242	149,894	5,049,136	0.388792	0.388792	0.388792 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	39,564,340	152,516	39,716,856	0.226089	0.226089	0.226089 65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	1,999,030	16,014	2,015,044	0.746793	0.746793	0.746793 66
67 OCCUPATIONAL THERAPY	1,432,895	10,238	1,443,133	0.474962	0.474962	0.474962 67
68 SPEECH PATHOLOGY	995,639	8,620	1,004,259	0.493902	0.493902	0.493902 68
68.01 PSYCHOLOGY						68.01
OUTPATIENT SERVICE COST CENTERS						
71 MEDICAL SUPPLIES CHRGED TO	14,682,997	805	14,683,802	0.329395	0.329395	0.329395 71
73 DRUGS CHARGED TO PATIENTS	30,371,812	8,040	30,379,852	0.226873	0.226873	0.226873 73
74 RENAL DIALYSIS	3,279,011	493,163	3,772,174	0.347410	0.347410	0.347410 74
75.01 ULTRASOUND	451,908	8,940	460,848	0.323543	0.323543	0.323543 75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
91 EMERGENCY		193,694	193,694	3.865912	3.865912	3.865912 91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	160,048,813	1,208,784	161,257,597			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	160,048,813	1,208,784	161,257,597			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	INPAT PGM DAYS	(COL.5 x COL.6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,174,039		3,174,039	36,521	86.91	20,217	1,757,059 30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,174,039		3,174,039	36,521		20,217	1,757,059 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	84,453	902,897	0.093536	501,771	46,934	50
54 RADIOLOGY-DIAGNOSTIC	299,540	1,851,078	0.161819	982,723	159,023	54
56 RADIOISOTOPE	3,043	27,151	0.112077	11,482	1,287	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	162,410	1,062,090	0.152915	551,647	84,355	57
60 LABORATORY	51,727	5,049,136	0.010245	2,859,681	29,297	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	628,367	39,716,856	0.015821	21,894,765	346,397	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	72,085	2,015,044	0.035773	1,066,094	38,137	66
67 OCCUPATIONAL THERAPY	38,574	1,443,133	0.026729	802,937	21,462	67
68 SPEECH PATHOLOGY	32,466	1,004,259	0.032328	572,169	18,497	68
68.01 PSYCHOLOGY	15,535					68.01
71 MEDICAL SUPPLIES CHRGED TO PA	158,971	14,683,802	0.010826	7,510,487	81,309	71
73 DRUGS CHARGED TO PATIENTS	372,023	30,379,852	0.012246	16,227,897	198,727	73
74 RENAL DIALYSIS	37,199	3,772,174	0.009861	2,187,478	21,571	74
75.01 ULTRASOUND	9,584	460,848	0.020796	264,474	5,500	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	98,466	193,694	0.508359			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	2,064,443	102,562,014	102,562,014	55,433,605	1,052,496	200

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10
11/28/2011 09:18

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: 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10
 11/28/2011 09:18

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	36,521		20,217		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)	36,521		20,217		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
68.01 PSYCHOLOGY						68.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ULTRASOUND						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	902,897			501,771			50
54 RADIOLOGY-DIAGNOSTIC	1,851,078			982,723		88,948	54
56 RADIOISOTOPE	27,151			11,482			56
57 COMPUTED TOMOGRAPHY (CT) SCA	1,062,090			551,647		33,231	57
60 LABORATORY	5,049,136			2,859,681		132,648	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	39,716,856			21,894,765		148,590	65
65.01 PULMONARY REHAB							65.01
66 PHYSICAL THERAPY	2,015,044			1,066,094		16,014	66
67 OCCUPATIONAL THERAPY	1,443,133			802,937		10,238	67
68 SPEECH PATHOLOGY	1,004,259			572,169		8,620	68
68.01 PSYCHOLOGY							68.01
71 MEDICAL SUPPLIES CHRGED TO P	14,683,802			7,510,487			71
73 DRUGS CHARGED TO PATIENTS	30,379,852			16,227,897		168	73
74 RENAL DIALYSIS	3,772,174			2,187,478		493,163	74
75.01 ULTRASOUND	460,848			264,474		8,759	75.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	193,694					10,599	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	102,562,014			55,433,605		950,978	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2010) [] 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. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	1.286854							50
54 RADIOLOGY-DIAGNOSTIC	0.901463	88,948			80,183			54
56 RADIOISOTOPE	1.449376							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.347066	33,231			11,533			57
60 LABORATORY	0.388792	132,648			51,572			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.226089	148,590			33,595			65
65.01 PULMONARY REHAB								65.01
66 PHYSICAL THERAPY	0.746793	16,014			11,959			66
67 OCCUPATIONAL THERAPY	0.474962	10,238			4,863			67
68 SPEECH PATHOLOGY	0.493902	8,620			4,257			68
68.01 PSYCHOLOGY								68.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.329395							71
73 DRUGS CHARGED TO PATIENTS	0.226873	168			38			73
74 RENAL DIALYSIS	0.347410	493,163			171,330			74
75.01 ULTRASOUND	0.323543	8,759			2,834			75.01
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	3.865912	10,599			40,975			91
92 OBSERVATION BEDS								92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		950,978			413,139			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		950,978			413,139			202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2010) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	36,521	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	36,521	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,521	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20,217	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	34,016,158	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	34,016,158	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	58,433,600	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	58,433,600	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.582134	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,600.00	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	34,016,158	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-2010)	[]	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)				931.41	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				18,830,316	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				18,830,316	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					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)				16,262,903	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)				35,093,219	49

PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				1,757,059	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				1,052,496	51
52 TOTAL PROGRAM EXCLUDABLE COST				2,809,555	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				32,283,664	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)					87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)				931.41	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] 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		33,045,128			30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1.286854	501,771	645,706		50
54 RADIOLOGY-DIAGNOSTIC	0.901463	982,723	885,888		54
56 RADIOISOTOPE	1.449376	11,482	16,642		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.347066	551,647	191,458		57
60 LABORATORY	0.388792	2,859,681	1,111,821		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.226089	21,894,765	4,950,166		65
65.01 PULMONARY REHAB					65.01
66 PHYSICAL THERAPY	0.746793	1,066,094	796,152		66
67 OCCUPATIONAL THERAPY	0.474962	802,937	381,365		67
68 SPEECH PATHOLOGY	0.493902	572,169	282,595		68
68.01 PSYCHOLOGY					68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.329395	7,510,487	2,473,917		71
73 DRUGS CHARGED TO PATIENTS	0.226873	16,227,897	3,681,672		73
74 RENAL DIALYSIS	0.347410	2,187,478	759,952		74
75.01 ULTRASOUND	0.323543	264,474	85,569		75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	3.865912				91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		55,433,605	16,262,903		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		55,433,605			202

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-2010) [] 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 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		31,344,267		222,007	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 10/27/2010	1,296,090		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 05/31/2011	342,372		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	953,718			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)		32,297,985		222,007	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
	.06				6.06
	.07				6.07
	.08				6.08
	.09				6.09
	PROVIDER .50	NONE		NONE	6.50
	TO .51				6.51
	PROGRAM .52				6.52
	.53				6.53
	.54				6.54
	.55				6.55
	.56				6.56
	.57				6.57
	.58				6.58
	.59				6.59
	.99				6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		31,879,755		222,007	7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10
11/28/2011 09:18

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-2010) [] 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	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	36,521 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	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 IV

CHECK [XX] HOSPITAL (14-2010)
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	32,375,785	1
2	OUTLIER PAYMENTS	1,579,238	2
3	TOTAL PPS PAYMENTS (SUM OF LINES 1 AND 2)	33,955,023	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		4
5	ORGAN ACQUISITION		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (SEE INSTRUCTIONS)	33,955,023	7
8	PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL (LINE 7 LESS LINE 8)	33,955,023	9
10	DEDUCTIBLES	42,280	10
11	SUBTOTAL (LINE 9 MINUS LINE 10)	33,912,743	11
12	COINSURANCE	2,772,548	12
13	SUBTOTAL (LINE 11 MINUS LINE 12)	31,140,195	13
14	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	1,056,514	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	739,560	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	980,346	16
17	SUBTOTAL (SUM OF LINES 13 AND 15)	31,879,755	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		18
19	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31,879,755	22
23	INTERIM PAYMENTS	32,297,985	23
24	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		24
25	BALANCE DUE PROVIDER/PROGRAM (LINE 22 MINUS THE SUM OF LINES 23 AND 24)	-418,230	25
26	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS	20,217	269	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	36,521		27
29	PROGRAM DIRECT GME AMOUNT			28
30	REDUCTION FOR NURSING/ALLIED HEALTH			29
31	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			30
32	NET PROGRAM DIRECT GME AMOUNT			31
33	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
34	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		3,772,174	33
35	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
36	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
37	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
38	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
39	PART A REASONABLE COST			
40	REASONABLE COST (SEE INSTRUCTIONS)		35,093,219	37
41	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
42	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
44	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
45	PART B REASONABLE COST			
46	REASONABLE COST (SEE INSTRUCTIONS)			42
47	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
48	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
49	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
50	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
51	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
52	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
53	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
54	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
55	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,291,525			1
2	TEMPORARY INVESTMENTS	1,406,162			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	13,257,097			4
5	OTHER RECEIVABLES	869,415			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,093,871			6
7	INVENTORY				7
8	PREPAID EXPENSES	873,079			8
9	OTHER CURRENT ASSETS	716,915			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	18,320,322			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS	15,942,872			17
18	ACCUMULATED AMORTIZATION	-8,723,368			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	17,255,666			23
24	ACCUMULATED DEPRECIATION	-9,614,749			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)	14,860,421			30
OTHER ASSETS					
31	INVESTMENTS	6,801,042			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	1,376,543			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	8,177,585			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	41,358,328			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,147,590			37
38	SALARIES, WAGES & FEES PAYABLE	4,845,541			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,322,634			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,714,445			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	10,030,210			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	2,694,570			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,003,744			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	5,698,314			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	15,728,524			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	25,629,804			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)	25,629,804			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	41,358,328			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		19,719,220							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-2,636,572							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		17,082,648							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 PENSION-RELATED CHANGES		24,615							5
6 UNREALIZED GAIN ON INVESTMEN		74,992							6
7 ADVOCATE CAPITAL CONTRIBUTIO		9,359,131							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		9,458,738							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		26,541,386							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNREALIZED LOSS ON INVESTMEN									13
14 PARTNERSHIP DISTRIBUTION		911,582							14
15 PENSION-RELATED CHANGES									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		911,582							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		25,629,804							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	58,433,600		58,433,600	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	58,433,600		58,433,600	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	58,433,600		58,433,600	18
19 ANCILLARY SERVICES	100,748,926	950,978	101,699,904	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER PATIENT REVENUES	3,182,721		3,182,721	28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	162,365,247	950,978	163,316,225	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		71,811,958	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34 ROUNDING			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 ROUNDING	-1		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-1		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		71,811,957	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	163,316,225	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	97,231,047	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	66,085,178	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	71,811,957	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,726,779	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	311,440	6
7	INCOME FROM INVESTMENTS	11,766	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	1,094,198	24
24.01	OTHER (GRANT REVENUE)	1,642,315	24.01
24.02	OTHER (GAIN ON SALE OF ASSETS)	30,488	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,090,207	25
26	TOTAL (LINE 5 PLUS LINE 25)	-2,636,572	26
27	OTHER EXPENSES (LOSS ON SALE OF ASSETS)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-2,636,572	29

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	55.36						55.36 30
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	55.57						55.57 50
54 RADIOLOGY-DIAGNOSTIC	53.09	4.81					57.90 54
56 RADIOISOTOPE	42.29						42.29 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	51.94	3.13					55.07 57
60 LABORATORY	56.64	2.63					59.27 60
65 RESPIRATORY THERAPY	55.13	0.37					55.50 65
66 PHYSICAL THERAPY	52.91	0.79					53.70 66
67 OCCUPATIONAL THERAPY	55.64	0.71					56.35 67
68 SPEECH PATHOLOGY	56.97	0.86					57.83 68
71 MEDICAL SUPPLIES CHRGED TO PATI	51.15						51.15 71
73 DRUGS CHARGED TO PATIENTS	53.42						53.42 73
74 RENAL DIALYSIS	57.99	13.07					71.06 74
75.01 ULTRASOUND	57.39	1.90					59.29 75.01
91 EMERGENCY		5.47					5.47 91
200 TOTAL CHARGES	54.05	0.93					54.98 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	2,955,362	4.50	-2,955,362	-9.57		1	
2	CAP REL COSTS-MVBLE EQUIP	1,909,873	2.91	-1,909,873	-6.18		2	
3	OTHER CAPITAL RELATED COSTS						3	
4	EMPLOYEE BENEFITS	6,385,307	9.72	-6,385,307	-20.67		4	
5.01	PURCHASING	357,360	0.54	-357,360	-1.16		5.01	
5.02	ADMITTING	1,353,141	2.06	-1,353,141	-4.38		5.02	
5.03	PATIENT ACCOUNTS	407,133	0.62	-407,133	-1.32		5.03	
5.04	OTHER ADMINISTRATIVE & GENERAL	9,280,026	14.13	-9,280,026	-30.04		5.04	
6	MAINTENANCE & REPAIRS	295,732	0.45	-295,732	-0.96		6	
7	OPERATION OF PLANT	3,368,345	5.13	-3,368,345	-10.90		7	
8	LAUNDRY & LINEN SERVICE	225,313	0.34	-225,313	-0.73		8	
9	HOUSEKEEPING	1,084,017	1.65	-1,084,017	-3.51		9	
10	DIETARY	403,260	0.61	-403,260	-1.31		10	
11	CAFETERIA	309,798	0.47	-309,798	-1.00		11	
12	MAINTENANCE OF PERSONNEL						12	
13	NURSING ADMINISTRATION	1,056,989	1.61	-1,056,989	-3.42		13	
14	CENTRAL SERVICES & SUPPLY						14	
15	PHARMACY						15	
16	MEDICAL RECORDS & LIBRARY	332,630	0.51	-332,630	-1.08		16	
17	SOCIAL SERVICE	1,170,026	1.78	-1,170,026	-3.79		17	
19	NONPHYSICIAN ANESTHETISTS						19	
20	NURSING SCHOOL						20	
21	I&R SRVCES-SALARY & FRINGES APP						21	
22	I&R SRVCES-OTHER PRGM COSTS APP						22	
23	PARAMED ED PRGM-(SPECIFY)						23	
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	15,676,518	23.87	18,304,999	59.25	33,981,517	51.73	30
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	689,838	1.05	472,059	1.53	1,161,897	1.77	50
54	RADIOLOGY-DIAGNOSTIC	729,444	1.11	939,234	3.04	1,668,678	2.54	54
56	RADIOISOTOPE	24,000	0.04	15,352	0.05	39,352	0.06	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	95,850	0.15	272,765	0.88	368,615	0.56	57
60	LABORATORY	1,484,210	2.26	478,853	1.55	1,963,063	2.99	60
62.30	BLOOD CLOTTING FACTORS ADMIN CO							62.30
65	RESPIRATORY THERAPY	5,131,548	7.81	3,847,984	12.46	8,979,532	13.67	65
65.01	PULMONARY REHAB							65.01
66	PHYSICAL THERAPY	967,191	1.47	537,630	1.74	1,504,821	2.29	66
67	OCCUPATIONAL THERAPY	433,848	0.66	251,586	0.81	685,434	1.04	67
68	SPEECH PATHOLOGY	267,970	0.41	228,036	0.74	496,006	0.76	68
68.01	PSYCHOLOGY			61,856	0.20	61,856	0.09	68.01
71	MEDICAL SUPPLIES CHRGD TO PATI	3,504,584	5.34	1,332,181	4.31	4,836,765	7.36	71
73	DRUGS CHARGED TO PATIENTS	4,472,551	6.81	2,419,824	7.83	6,892,375	10.49	73
74	RENAL DIALYSIS	992,679	1.51	317,813	1.03	1,310,492	2.00	74
75.01	ULTRASOUND	78,884	0.12	70,220	0.23	149,104	0.23	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
91	EMERGENCY	244,605	0.37	504,199	1.63	748,804	1.14	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS							94
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OPT							99.20
99.30	CMHC							99.30
99.40	OPT							99.40
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190.01	IDLE SPACE			270,108	0.87	270,108	0.41	190.01
192	PHYSICIANS' PRIVATE OFFICES			569,613	1.84	569,613	0.87	192
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	65,688,032	100.00			65,688,032	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	84,453	902,897	0.093536	501,771	46,934	50
54 RADIOLOGY-DIAGNOSTIC	299,540	1,851,078	0.161819	982,723	159,023	54
56 RADIOISOTOPE	3,043	27,151	0.112077	11,482	1,287	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	162,410	1,062,090	0.152915	551,647	84,355	57
60 LABORATORY	51,727	5,049,136	0.010245	2,859,681	29,297	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	628,367	39,716,856	0.015821	21,894,765	346,397	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	72,085	2,015,044	0.035773	1,066,094	38,137	66
67 OCCUPATIONAL THERAPY	38,574	1,443,133	0.026729	802,937	21,462	67
68 SPEECH PATHOLOGY	32,466	1,004,259	0.032328	572,169	18,497	68
68.01 PSYCHOLOGY	15,535					68.01
71 MEDICAL SUPPLIES CHRGED TO PATI	158,971	14,683,802	0.010826	7,510,487	81,309	71
73 DRUGS CHARGED TO PATIENTS	372,023	30,379,852	0.012246	16,227,897	198,727	73
74 RENAL DIALYSIS	37,199	3,772,174	0.009861	2,187,478	21,571	74
75.01 ULTRASOUND	9,584	460,848	0.020796	264,474	5,500	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	98,466	193,694	0.508359			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	2,064,443	102,562,014		55,433,605	1,052,496	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	3,174,039		3,174,039	36,521	86.91	20,217	1,757,059 30
200	TOTAL	3,174,039		3,174,039	36,521		20,217	1,757,059 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,757,059	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,052,496	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,809,555	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							634	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							20,217	
PER DISCHARGE CAPITAL COSTS							4,431.47	
PER DIEM CAPITAL COSTS							138.97	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	32,283,664
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	88,478,733
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.365

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,809,555
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, & 2.02 x 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	220,730
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	422,943
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.522