

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11-29-2012 TIME: 15:38
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY GOTTLIEB MEMORIAL HOSPITAL (14-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		284,050	255,817		1
2 SUBPROVIDER - IPF		7,629			2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		10,304			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		301,983	255,817		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 8700 WEST NORTH AVENUE
 2 CITY: MELROSE PARK

STATE: IL

P.O.BOX:
 ZIP CODE: 60160

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			8
											6	7	XVIII	
3	HOSPITAL	GOTTLIEB MEMORIAL HOSPITAL	14-0008	16974	1	07/01/1966	N	P	O	3				
4	SUBPROVIDER - IPF	GOTTLIEB MEMORIAL PSYCHIATRIC	14-S008	16974	4	01/01/2007	N	P	N	4				
5	SUBPROVIDER - IRF									5				
6	SUBPROVIDER - (OTHER)									6				
7	SWING BEDS - SNF									7				
8	SWING BEDS - NF									8				
9	HOSPITAL-BASED SNF	GOTTLIEB SKILLED NURSING CARE	14-5526	16974		06/10/1985	N	P	N	9				
10	HOSPITAL-BASED NF									10				
11	HOSPITAL-BASED OLTC									11				
12	HOSPITAL-BASED HHA	GOTTLIEB HOME CARE	14-7255	16974		02/28/1984	N	P	N	12				
13	SEPARATELY CERTIFIED ASC									13				
14	HOSPITAL-BASED HOSPICE	GOTTLIEB HOSPICE	14-1561	16974		01/01/2000				14				
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15				
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16				
17	HOSPITAL-BASED (CMHC)									17				
18	RENAL DIALYSIS									18				
19	OTHER									19				
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012				20				
21	TYPE OF CONTROL									21				

INPATIENT PPS INFORMATION

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

24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		OUT-OF-STATE MEDICAID		OTHER	
		PAID	ELIGIBLE	PAID	ELIGIBLE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
		1	2	3	4	5	6	7	8
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,837	2,172		1		102		24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
					66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
INPATIENT PSYCHIATRIC FACILITY PPS						
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N	71
INPATIENT REHABILITATION FACILITY PPS						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					76
LONG TERM CARE HOSPITAL PPS						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	80
TEFRA PROVIDERS						
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N	86
TITLE V AND XIX INPATIENT SERVICES						
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 N	XIX 2 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 N	2 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- N	OCCUP- N	RESPI- N	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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 33,459 PAID LOSSES: 197,871 SELF INSURANCE: 2,251,382			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 902022	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: TRINITY HEALTH HOME OFFICE CONTRACTOR'S NAME: WISCONSIN PHYSICIANS SERVICE CONTRACTOR'S NUMBER: 08000			141
142	STREET: 20555 VICTORY PARKWAY P.O. BOX:			142
143	CITY: 20555 VICTORY PARKWAY STATE: MI ZIP CODE: 48152			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII	TITLE V	TITLE XIX
	PART A	PART B	
	1	2	3
	N	N	4
155	HOSPITAL	N	N
156	SUBPROVIDER - IPF	N	N
157	SUBPROVIDER - IRF	N	N
158	SUBPROVIDER - (OTHER)	N	N
159	SNF	N	N
160	HHA	N	N
161	CMHC	N	N

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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	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					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	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.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y 12 N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | Y/N | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 | 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. | N | | 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 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|------------------|-----------------|--------|----|
| 41 FIRST NAME: | LAST NAME: | TITLE: | 41 |
| 42 EMPLOYER: | | | 42 |
| 43 PHONE NUMBER: | E-MAIL ADDRESS: | | 43 |

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	52,796,490	312,048	53,108,538	1,680,159.00	31.61	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		101,384		101,384	1,979.00	51.23	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	1,843,037	10,802	1,853,839	73,198.00	25.33	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,959,365	75,902	3,035,267	62,025.00	48.94	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		720,910		720,910	17,169.00	41.99	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		1,539,812		1,539,812	15,307.00	100.60	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		3,522,899		3,522,899	65,074.00	54.14	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS							16
17	WAGE-RELATED COSTS (CORE)		13,755,137		13,755,137			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		772,125		772,125			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		26,414		26,414			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES							25
26	EMPLOYEE BENEFITS		1,244,661	242,582	1,487,243	43,143.00	34.47	26
27	ADMINISTRATIVE & GENERAL		7,336,306	-299,257	7,037,049	312,822.00	22.50	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							28
29	MAINTENANCE & REPAIRS		830,133		830,133	44,354.00	18.72	29
30	OPERATION OF PLANT		929,188	38	929,226	42,945.00	21.64	30
31	LAUNDRY & LINEN SERVICE		107,134		107,134	7,926.00	13.52	31
32	HOUSEKEEPING		1,025,693		1,025,693	93,964.00	10.92	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		743,324	-243,574	499,750	39,906.00	12.52	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA		103,569	243,574	347,143	29,457.00	11.78	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,506,227		1,506,227	45,609.00	33.02	38
39	CENTRAL SERVICES AND SUPPLY		543,914	95,603	639,517	33,553.00	19.06	39
40	PHARMACY		2,019,201		2,019,201	51,876.00	38.92	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,053,682		1,053,682	46,546.00	22.64	41
42	SOCIAL SERVICE		390,936		390,936	13,130.00	29.77	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	52,695,106	312,048	53,007,154	1,678,180.0	31.59	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,802,402	86,704	4,889,106	135,223.00	36.16	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	47,892,704	225,344	48,118,048	1,542,957.0	31.19	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	5,783,621		5,783,621	97,550.00	59.29	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	13,755,137		13,755,137		28.59%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	67,431,462	225,344	67,656,806	1,640,507.0	41.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	17,833,968	38,966	17,872,934	805,231.00	22.20	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,660,328	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)	6,279,850	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	177,042	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	28,642	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	164,647	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,269,637	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	3,847,993	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	91,366	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	34,169	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	14,553,674	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7255

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS	1,758				1,758	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL		7.67		7.67	5
6 DIRECT NURSING SERVICE		11.38		11.38	6
7 NURSING SUPERVISOR		3.51		3.51	7
8 PHYSICAL THERAPY SERVICE		0.29		0.29	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		0.80		0.80	10
11 OCCUPATIONAL THERAPY SUPERVISOR		1.47		1.47	11
12 SPEECH PATHOLOGY SERVICE					12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE					14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE					16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	6,505		218	76	6,799	21
22 SKILLED NURSING VISIT CHARGES	1,338,404		44,854	15,637	1,398,895	22
23 PHYSICAL THERAPY VISITS	3,735		28	46	3,809	23
24 PHYSICAL THERAPY VISIT CHARGES	728,325		5,460	8,970	742,755	24
25 OCCUPATIONAL THERAPY VISITS	388		5	2	395	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	76,727		989	396	78,112	26
27 SPEECH PATHOLOGY VISITS	5				5	27
28 SPEECH PATHOLOGY VISIT CHARGES	975				975	28
29 MEDICAL SOCIAL SERVICE VISITS	544		7	6	557	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	127,471		1,643	1,409	130,523	30
31 HOME HEALTH AIDE VISITS	1,674		7	27	1,708	31
32 HOME HEALTH AIDE VISIT CHARGES	270,770		1,132	4,367	276,269	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	12,851		265	157	13,273	33
34 OTHER CHARGES	29,149	2,611	749	269	32,778	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,571,821	2,611	54,827	31,048	2,660,307	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	786		97	14	897	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2			2	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	21,190	2,611	607	67	24,475	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

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

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL			4
5	RVX	15		15
6	RVL	2		2
7	RHX	3		3
8	RHL	10		10
9	RMX	16		16
10	RML	1		1
11	RLX			11
12	RUC	14		14
13	RUB			13
14	RUA			14
15	RVC	1,813		1,813
16	RVB	2,241		2,241
17	RVA	263		263
18	RHC	982		982
19	RHB	650		650
20	RHA	111		111
21	RMC	560		560
22	RMB	435		435
23	RMA	79		79
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	18		18
29	HE2	22		22
30	HE1			30
31	HD2	8		8
32	HD1			32
33	HC2	16		16
34	HC1	6		6
35	HB2			35
36	HB1	18		18
37	LE2	1		1
38	LE1	24		24
39	LD2	28		28
40	LD1	8		8
41	LC2			41
42	LC1	6		6
43	LB2			43
44	LB1	3		3
45	CE2	8		8
46	CE1	12		12
47	CD2	3		3
48	CD1	26		26
49	CC2	5		5
50	CC1	40		40
51	CB2			51
52	CB1	12		12
53	CA2			53
54	CA1			54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		32		32 72
73	PC2				73
74	PC1		17		17 74
75	PB2				75
76	PB1		7		7 76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL		7,515		7,515 200

CBSA AT
 BEGINNING
 OF COST
 REPORTING
 PERIOD
 1

CBSA ON/AFTER
 OCT 1 OF THE
 COST REPORTING
 PERIOD (IF
 APPLICABLE)
 2

SNF SERVICES

201 ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY,
 IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN
 EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE). 00004 201

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

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE EXPENSES?
 1 2 3

202	STAFFING				202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)		6,364,566		207

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1561

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	4,762				4,762
3	INPATIENT RESPITE CARE	25				25
4	GENERAL INPATIENT CARE	335				335
5	TOTAL HOSPICE DAYS	5,122				5,122

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	134				134
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	38.22				38.22
9	UNDUPLICATED CENSUS COUNT	134				134

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.167010	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				11,740,226	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				75,484,184	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				12,606,614	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				866,388	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				56,623	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				866,388	19
			UNINSURED	INSURED		
			PATIENTS	PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	30,316,433			30,316,433	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,063,147			5,063,147	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	4,561,481			4,561,481	22
23	COST OF CHARITY CARE	501,666			501,666	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				9,261,619	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				520,334	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				8,741,285	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,459,882	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				1,961,548	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				2,827,936	30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		2,958,487	2,958,487		1
2	00200		3,629,915	3,629,915		2
3	00300					3
4	00400	1,244,661	15,046,501	16,291,162	-74,761	4
5	00500	7,336,306	25,331,448	32,667,754	-2,911,588	5
6	00600	830,133	1,032,512	1,862,645		6
7	00700	929,188	3,037,588	3,966,776		7
8	00800	107,134	454,162	561,296		8
9	00900	1,025,693	1,066,744	2,092,437		9
10	01000	743,324	1,314,071	2,057,395	-705,301	10
11	01100	103,569	130,341	233,910	705,301	11
12	01200					12
13	01300	1,506,227	295,673	1,801,900		13
14	01400	543,914	819,811	1,363,725	-135,833	14
15	01500	2,019,201	3,340,493	5,359,694	-3,402,736	15
16	01600	1,053,682	402,727	1,456,409		16
17	01700	390,936	4,578	395,514		17
19	01900					19
20	02000					20
21	02100					21
22	02200				191,988	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,767,933	1,374,768	11,142,701	184,287	30
31	03100	3,519,336	464,720	3,984,056	-318,887	31
40	04000	861,160	50,653	911,813	37,853	40
43	04300				377,203	43
44	04400	1,843,037	134,643	1,977,680	-50,432	44
ANCILLARY SERVICE COST CENTERS						
50	05000	2,483,044	7,999,146	10,482,190	-6,846,630	50
51	05100	348,137	58,524	406,661		51
52	05200	1,329,765	199,335	1,529,100	-112,842	52
53	05300		228,002	228,002	717,000	53
54	05400	1,383,021	384,998	1,768,019	17,398	54
56	05600		626,855	626,855	8,906	56
56.01	03630	446,671	13,057	459,728	13,615	56.01
57	05700	581,410	483,842	1,065,252		57
59	05900	593,567	1,664,829	2,258,396	-1,478,830	59
60	06000	2,243,899	2,989,380	5,233,279	8,845	60
62.30	06250					62.30
65	06500	962,072	205,407	1,167,479	471	65
66	06600	1,882,484	174,927	2,057,411		66
69	06900	369,408	39,169	408,577	49,776	69
70	07000	94,493	5,348	99,841	797	70
71	07100				5,853,553	71
72	07200				4,278,170	72
73	07300				3,434,527	73
73.01	07301	362,951	1,561,346	1,924,297		73.01
76	03950					76
76.01	03951	173,306	8,688	181,994		76.01
76.05	03954				366,716	76.05
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000					90
90.01	09001					90.01
90.02	09002	288,104	835,509	1,123,613	3,942	90.02
90.03	09003	422,161	681,503	1,103,664		90.03
91	09100	2,908,358	1,142,962	4,051,320	-332,977	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,689,460	175,422	1,864,882		101
SPECIAL PURPOSE COST CENTERS						
116	11600	254,894	99,852	354,746	36,000	116
118		52,642,639	80,467,936	133,110,575	-84,469	118
NONREIMBURSABLE COST CENTERS						
190	19000	29,482	34,566	64,048		190
192	19200	-4,290		-4,290	9,708	192
192.01	19201				74,761	192.01
193	19300	128,659	17,015	145,674		193
200		52,796,490	80,519,517	133,316,007		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	2,958,487		2,930,141	1
2	00200	3,629,915	-28,346	3,629,915	2
3	00300				3
4	00400	16,216,401	-457,709	15,758,692	4
5	00500	29,756,166	-12,015,765	17,740,401	5
6	00600	1,862,645		1,862,645	6
7	00700	3,966,776	-1,506	3,965,270	7
8	00800	561,296		561,296	8
9	00900	2,092,437		2,092,437	9
10	01000	1,352,094		1,352,094	10
11	01100	939,211	-332,771	606,440	11
12	01200				12
13	01300	1,801,900	-894	1,801,006	13
14	01400	1,227,892		1,227,892	14
15	01500	1,956,958		1,956,958	15
16	01600	1,456,409	-1,150	1,455,259	16
17	01700	395,514		395,514	17
19	01900				19
20	02000				20
21	02100				21
22	02200	191,988		191,988	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	11,326,988	-1,075,410	10,251,578	30
31	03100	3,665,169		3,665,169	31
40	04000	949,666	-24,350	925,316	40
43	04300	377,203		377,203	43
44	04400	1,927,248		1,927,248	44
ANCILLARY SERVICE COST CENTERS					
50	05000	3,635,560	-97,136	3,538,424	50
51	05100	406,661		406,661	51
52	05200	1,416,258	-3,902	1,412,356	52
53	05300	945,002	-168,101	776,901	53
54	05400	1,785,417	-750	1,784,667	54
56	05600	635,761		635,761	56
56.01	03630	473,343		473,343	56.01
57	05700	1,065,252		1,065,252	57
59	05900	779,566	-13,259	766,307	59
60	06000	5,242,124	-9,628	5,232,496	60
62.30	06250				62.30
65	06500	1,167,950		1,167,950	65
66	06600	2,057,411	-48,694	2,008,717	66
69	06900	458,353	-12,735	445,618	69
70	07000	100,638		100,638	70
71	07100	5,853,553		5,853,553	71
72	07200	4,278,170		4,278,170	72
73	07300	3,434,527		3,434,527	73
73.01	07301	1,924,297	-59,586	1,864,711	73.01
76	03950				76
76.01	03951	181,994		181,994	76.01
76.05	03954	366,716		366,716	76.05
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000				90
90.01	09001				90.01
90.02	09002	1,127,555	-238,125	889,430	90.02
90.03	09003	1,103,664		1,103,664	90.03
91	09100	3,718,343	-48,500	3,669,843	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	1,864,882		1,864,882	101
SPECIAL PURPOSE COST CENTERS					
116	11600	390,746		390,746	116
118		133,026,106	-14,638,317	118,387,789	118
NONREIMBURSABLE COST CENTERS					
190	19000	64,048		64,048	190
192	19200	5,418		5,418	192
192.01	19201	74,761		74,761	192.01
193	19300	145,674		145,674	193
200		133,316,007	-14,638,317	118,677,690	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DRUGS SOLD TO PTS	A	DRUGS CHARGED TO PATIENTS	73			3,402,736 1
500 TOTAL RECLASSIFICATIONS						3,402,736 500
CODE LETTER - A						
1 PURCHASED SERVICES	B	INPATIENT RENAL DIALYSIS	76.05			366,716 1
2						2
500 TOTAL RECLASSIFICATIONS						366,716 500
CODE LETTER - B						
1 SHARED DIETARY COST	C	CAFETERIA	11		243,574	461,727 1
500 TOTAL RECLASSIFICATIONS					243,574	461,727 500
CODE LETTER - C						
1 NONEMP CHILD CARE	D	NON-EMPLOYEE CHILD CARE CENTE	192.01		68,293	6,468 1
500 TOTAL RECLASSIFICATIONS					68,293	6,468 500
CODE LETTER - D						
1 RECLASS INTERN AND RESIDENT COST	E	I&R SRVCES-OTHER PRGM COSTS A	22			191,988 1
500 TOTAL RECLASSIFICATIONS						191,988 500
CODE LETTER - E						
1 HOUSE STAF PHYS.	F	HOSPICE	116			36,000 1
2		ANESTHESIOLOGY	53			717,000 2
3		OPERATING ROOM	50			348,525 3
4		ADULTS & PEDIATRICS	30			1,116,835 4
5		EMERGENCY	91			48,500 5
6		SUBPROVIDER - IPF	40			37,853 6
7		ELECTROCARDIOLOGY	69			32,500 7
500 TOTAL RECLASSIFICATIONS						2,337,213 500
CODE LETTER - F						
1 PT TRANSPORT	H	CENTRAL SERVICES & SUPPLY	14		95,543	26,360 1
2		ADULTS & PEDIATRICS	30		91,767	25,319 2
3		INTENSIVE CARE UNIT	31		13,095	3,613 3
4		SKILLED NURSING FACILITY	44		10,802	2,980 4
5		DELIVERY ROOM & LABOR ROOM	52		10,918	3,012 5
6		RADIOLOGY-DIAGNOSTIC	54		13,636	3,762 6
7		RADIOISOTOPE	56		6,980	1,926 7
8		ULTRASOUND	56.01		10,671	2,944 8
9		LABORATORY	60		6,932	1,913 9
10		RESPIRATORY THERAPY	65		369	102 10
11		ELECTROCARDIOLOGY	69		13,540	3,736 11
12		ELECTROENCEPHALOGRAPHY	70		625	172 12
13		CARDIAC CATHETERIZATION	59		1,792	494 13
14		CARDIAC CATHETERIZATION	59		21	6 14
15		WOUND CARE	90.02		3,090	852 15
16		EMERGENCY	91		12,311	3,396 16
17		PHYSICIANS' PRIVATE OFFICES	192		7,609	2,099 17
500 TOTAL RECLASSIFICATIONS					299,701	82,686 500
CODE LETTER - H						
1 FLOOR STOCK SUPPLIES	I	MEDICAL SUPPLIES CHRGD TO PA	71			5,853,553 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS						5,853,553 500
CODE LETTER - I						
1 CHEMO INFUSION	J	DRUGS CHARGED TO PATIENTS	73		27,865	3,926 1
500 TOTAL RECLASSIFICATIONS					27,865	3,926 500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 BONUS	K	EMPLOYEE BENEFITS	4	310,875	1
2		ADMINISTRATIVE & GENERAL	5	444	2
3		OPERATION OF PLANT	7	38	3
4					4
5					5
6		CENTRAL SERVICES & SUPPLY	14	60	6
7					7
8					8
9					9
10					10
11		OPERATING ROOM	50	380	11
12		RECOVERY ROOM	51	50	12
13					13
14		RADIOLOGY-DIAGNOSTIC	54		35 14
15					15
16					16
17		EMERGENCY	91	236	17
500 TOTAL RECLASSIFICATIONS				312,083	35 500
CODE LETTER - K					
1 IMPLANTS	L	IMPL. DEV. CHARGED TO PATIENT	72		4,278,170 1
2					2
500 TOTAL RECLASSIFICATIONS					4,278,170 500
CODE LETTER - L					
1 NURSERY	M	NURSERY	43	354,827	22,376 1
500 TOTAL RECLASSIFICATIONS				354,827	22,376 500
CODE LETTER - M					
GRAND TOTAL (INCREASES)				1,306,343	17,007,594

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DRUGS SOLD TO PTS	A	PHARMACY	15		3,402,736	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,402,736	500
1 PURCHASED SERVICES	B	INTENSIVE CARE UNIT	31		105,083	1
2		ADULTS & PEDIATRICS	30		261,633	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					366,716	500
1 SHARED DIETARY COST	C	DIETARY	10	243,574	461,727	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				243,574	461,727	500
1 NONEMP CHILD CARE	D	EMPLOYEE BENEFITS	4	68,293	6,468	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				68,293	6,468	500
1 RECLASS INTERN AND RESIDENT COST	E	ADMINISTRATIVE & GENERAL	5		191,988	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					191,988	500
1 HOUSE STAF PHYS.	F	ADMINISTRATIVE & GENERAL	5		2,337,213	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					2,337,213	500
1 PT TRANSPORT	H	ADMINISTRATIVE & GENERAL	5	299,701	82,686	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				299,701	82,686	500
1 FLOOR STOCK SUPPLIES	I	CENTRAL SERVICES & SUPPLY	14		257,736	1
2		ADULTS & PEDIATRICS	30		379,007	2
3		INTENSIVE CARE UNIT	31		230,512	3
4		SKILLED NURSING FACILITY	44		64,214	4
5		OPERATING ROOM	50		3,086,588	5
6		DELIVERY ROOM & LABOR ROOM	52		126,772	6
7		CARDIAC CATHETERIZATION	59		1,311,540	7
8		EMERGENCY	91		397,184	8
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					5,853,553	500
1 CHEMO INFUSION	J	ADULTS & PEDIATRICS	30	27,865	3,926	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				27,865	3,926	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 BONUS	K	EMPLOYEE BENEFITS	4		310,875	9 1
2		ADMINISTRATIVE & GENERAL	5		444	2
3		OPERATION OF PLANT	7		38	3
4						4
5						5
6		CENTRAL SERVICES & SUPPLY	14		60	6
7						7
8						8
9						9
10						10
11		OPERATING ROOM	50		380	11
12		RECOVERY ROOM	51		50	12
13						13
14		RADIOLOGY-DIAGNOSTIC	54	35		14
15						15
16						16
17		EMERGENCY	91		236	17
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				35	312,083	500
1 IMPLANTS	L	OPERATING ROOM	50		4,108,567	1
2		CARDIAC CATHETERIZATION	59		169,603	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					4,278,170	500
1 NURSERY	M	ADULTS & PEDIATRICS	30	354,827	22,376	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				354,827	22,376	500
GRAND TOTAL (DECREASES)				994,295	17,319,642	

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	4,894,899					4,894,899	1
2 LAND IMPROVEMENTS	5,280,884	200,417		200,417		5,481,301	2
3 BUILDINGS AND FIXTURES	26,316,205	23,313		23,313		26,339,518	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	94,666,886	4,279,907		4,279,907		98,946,793	5
6 MOVABLE EQUIPMENT	52,070,859	4,905,869		4,905,869		56,976,728	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	183,229,733	9,409,506		9,409,506		192,639,239	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	183,229,733	9,409,506		9,409,506		192,639,239	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
							1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP	3,629,915					3,629,915	2
3 TOTAL (SUM OF LINES 1-2)	6,588,402					6,588,402	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	62,747,390		62,747,390	0.785043				1
2 CAP REL COSTS-MVBLE EQUIP	17,181,256		17,181,256	0.214957				2
3 TOTAL (SUM OF LINES 1-2)	79,928,646		79,928,646	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
							1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP	3,629,915					3,629,915	2
3 TOTAL	6,560,056					6,560,056	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)	A	-91,443	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-1,506	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,786,946			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,055,340			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-324,703	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	B	-1,150	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-8,068	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 DIRECTOR PHYSICIAN DEVELOPMENT					33
34 PT PHONE CAPITAL RELATED COST					34
35 NURSING REVENUE	B	-894	NURSING ADMINISTRATION	13	35
35.04 VOLUNTEER SALARIES (632.186)	A	-285,627	ADMINISTRATIVE & GENERAL	5	35.04
35.07 MISC INCOME A&G	B	-14,547	ADMINISTRATIVE & GENERAL	5	35.07
35.10 OUTSIDE SERVICES PT	B	-20,590	PHYSICAL THERAPY	66	35.10
35.15 WEST TOWNS (958.729)	A	-535,115	ADMINISTRATIVE & GENERAL	5	35.15
35.19 EMPLOYEE DAY CARE REVENUE	B	-434,405	EMPLOYEE BENEFITS	4	35.19
35.20 PHYSICIAN EMPLOYEE BENEFITS	A	-21,119	EMPLOYEE BENEFITS	4	35.20
35.22 INTEREST	B	-10,601	ADMINISTRATIVE & GENERAL	5	35.22
35.23 DAY CARE DEPR ADDJ	A	-28,346	CAP REL COSTS-BLDG & FIXT	1	9 35.23
36 NON ALLOWABLE TAXES	A	-65,531	ADMINISTRATIVE & GENERAL	5	36
37 RADIOLOGY					37
38 AHA LOBBYING FEES	A	-21,590	ADMINISTRATIVE & GENERAL	5	38
39 IHHS LOBBYING COST					39
40 OB/GYN OTHER REV	B	-1,065	ADULTS & PEDIATRICS	30	40
41 ADVERTISING	A	-745,504	ADMINISTRATIVE & GENERAL	5	41
42					42
42.01 MED STAFF CONTRIBUTION ADD BACK	A	88,540	ADMINISTRATIVE & GENERAL	5	42.01
43					43
44					44
44.02 INTERDEPT RENT CONFERENCE	A	-59,346	ADMINISTRATIVE & GENERAL	5	44.02
44.03 INTERDEPT RENT AUDIOLOGY	A	-28,104	PHYSICAL THERAPY	66	44.03
44.05 INTERDEPT RENT OP PHARMACY	A	-59,586	OUTPATIENT PHARMACY	73.01	44.05
44.06 EMPLOYEE HEALTH CENTER	B	-2,185	EMPLOYEE BENEFITS	4	44.06
45 CAP REL COSTS-BLDG & FIXTURE MDCR					45
46 CAP REL COST-MVBLE EQUIP MDCR DEPR					9 46
47					47
48 BAD DEBTS	A	-9,123,546	ADMINISTRATIVE & GENERAL	5	48

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 15:38

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		WORKSHEET A-8	
				COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-14,638,317				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE OPERATING	2,618,343	2,618,343	1	
2	5	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	340,568	340,568	2	
3	5	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	2,482,712	3,210,000	-727,288	3
4	5	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	614,218	781,747	-167,529	4
4.01	5	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	213,384	237,235	-23,851	4.01
4.02	5	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	320,474	354,832	-34,358	4.02
4.03	5	ADMINISTRATIVE & GENERAL	EMPLOYEE HEALTH STOP LOSS	28,486	130,800	-102,314	4.03
5	TOTALS (SUM OF LINES 1-4)			6,618,185	7,673,525	-1,055,340	5
TRANSFER COL. 6, LINE 5 TO							
WKST A-8, COL. 2, LINE 12.							

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1 52	DELIVERY ROOM & LABOR RO	AGGREGATE	3,902	3,902				1		
2 59	CARDIAC CATHETERIZATION	AGGREGATE	13,259	13,259				2		
3 90.02	WOUND CARE	AGGREGATE	238,125	238,125				3		
4 30	ADULTS & PEDIATRICS	OB COVERAGE	295,500	295,500				4		
5 50	OPERATING ROOM	AGGREGATE	97,136	97,136				5		
6 91	EMERGENCY	ER	48,500	48,500				6		
7 5	ADMINISTRATIVE & GENERAL	MED ADMIN	500	500				7		
8 60	LABORATORY	AGGREGATE	9,628	9,628				8		
9 30	ADULTS & PEDIATRICS	MOONLIGHTERS	758,335	758,335				9		
10 54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	750	750				10		
11 50	OPERATING ROOM	TRAUMA CALL	386,025		386,025	208,000	6,029	602,900	30,145	11
12 53	ANESTHESIOLOGY	TRAUMA CALL	717,000		717,000	200,300	5,700	548,899	27,445	12
13 69	ELECTROCARDIOLOGY	CHAIR	32,500		32,500	177,200	232	19,765	988	13
14 40	SUBPROVIDER - IPF	DIRECTOR	51,762		51,762	154,100	370	27,412	1,371	14
15 30	ADULTS & PEDIATRICS	DIRECTOR	63,000		63,000	196,400	450	42,490	2,125	15
16 5	ADMINISTRATIVE & GENERAL	DIRECTOR	13,100		13,100	177,200	94	8,008	400	16
17 5	ADMINISTRATIVE & GENERAL	QA	227,925		227,925	177,200	1,628	138,693	6,935	17
18 30	ADULTS & PEDIATRICS	CHAIR				196,400				18
19 5	ADMINISTRATIVE & GENERAL	CHAIR	3,250		3,250	177,200	23	1,959	98	19
20 91	EMERGENCY	CHAIR								20
200	TOTAL		2,960,197	1,465,635	1,494,562		14,526	1,390,126	69,507	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	52 DELIVERY ROOM & LABOR RO	AGGREGATE						3,902	1
2	59 CARDIAC CATHETERIZATION	AGGREGATE						13,259	2
3	90.02 WOUND CARE	AGGREGATE						238,125	3
4	30 ADULTS & PEDIATRICS	OB COVERAGE						295,500	4
5	50 OPERATING ROOM	AGGREGATE						97,136	5
6	91 EMERGENCY	ER						48,500	6
7	5 ADMINISTRATIVE & GENERAL	MED ADMIN						500	7
8	60 LABORATORY	AGGREGATE						9,628	8
9	30 ADULTS & PEDIATRICS	MOONLIGHTERS						758,335	9
10	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						750	10
11	50 OPERATING ROOM	TRAUMA CALL				602,900			11
12	53 ANESTHESIOLOGY	TRAUMA CALL				548,899	168,101	168,101	12
13	69 ELECTROCARDIOLOGY	CHAIR				19,765	12,735	12,735	13
14	40 SUBPROVIDER - IPF	DIRECTOR				27,412	24,350	24,350	14
15	30 ADULTS & PEDIATRICS	DIRECTOR				42,490	20,510	20,510	15
16	5 ADMINISTRATIVE & GENERAL	DIRECTOR				8,008	5,092	5,092	16
17	5 ADMINISTRATIVE & GENERAL	QA				138,693	89,232	89,232	17
18	30 ADULTS & PEDIATRICS	CHAIR							18
19	5 ADMINISTRATIVE & GENERAL	CHAIR				1,959	1,291	1,291	19
20	91 EMERGENCY	CHAIR							20
200	TOTAL					1,390,126	321,311	1,786,946	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,930,141	2,930,141				1
2 CAP REL COSTS-MVBLE EQUIP	3,629,915		3,629,915			2
4 EMPLOYEE BENEFITS	15,758,692	20,479	24,292	15,803,463		4
5 ADMINISTRATIVE & GENERAL	17,740,401	289,590	773,561	2,248,607	21,052,159	5
6 MAINTENANCE & REPAIRS	1,862,645	14,621	114,540	254,439	2,246,245	6
7 OPERATION OF PLANT	3,965,270	384,609	287,947	284,800	4,922,626	7
8 LAUNDRY & LINEN SERVICE	561,296	14,036		32,837	608,169	8
9 HOUSEKEEPING	2,092,437	13,061	15,219	314,379	2,435,096	9
10 DIETARY	1,352,094	75,196	30,602	227,832	1,685,724	10
11 CAFETERIA	606,440	66,311	3,777	31,744	708,272	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,801,006	37,654	11,460	461,665	2,311,785	13
14 CENTRAL SERVICES & SUPPLY	1,227,892	82,132	56,170	166,712	1,532,906	14
15 PHARMACY	1,956,958	31,519	4,883	618,893	2,612,253	15
16 MEDICAL RECORDS & LIBRARY	1,455,259	28,687	5,649	322,958	1,812,553	16
17 SOCIAL SERVICE	395,514	16,734	449	119,823	532,520	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	191,988				191,988	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,251,578	564,426	42,810	2,993,905	13,852,719	30
31 INTENSIVE CARE UNIT	3,665,169	112,861	44,504	1,078,691	4,901,225	31
40 SUBPROVIDER - IPF	925,316		3,699	263,949	1,192,964	40
43 NURSERY	377,203	13,277	4,302		394,782	43
44 SKILLED NURSING FACILITY	1,927,248	123,305	3,284	564,898	2,618,735	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,538,424	260,903	444,206	761,063	5,004,596	50
51 RECOVERY ROOM	406,661	15,565	377	106,705	529,308	51
52 DELIVERY ROOM & LABOR ROOM	1,412,356	58,236	43,131	407,578	1,921,301	52
53 ANESTHESIOLOGY	776,901	4,791	17,492		799,184	53
54 RADIOLOGY-DIAGNOSTIC	1,784,667	102,088	549,277	423,901	2,859,933	54
56 RADIOISOTOPE	635,761	19,515			655,276	56
56.01 ULTRASOUND	473,343	19,638	72,436	136,906	702,323	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,065,252	36,598	235,191	178,204	1,515,245	57
59 CARDIAC CATHETERIZATION	766,307	21,167	343,518	181,931	1,312,923	59
60 LABORATORY	5,232,496	100,733	236,344	687,764	6,257,337	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,167,950	11,214	46,770	294,879	1,520,813	65
66 PHYSICAL THERAPY	2,008,717	111,999	13,698	576,989	2,711,403	66
69 ELECTROCARDIOLOGY	445,618	21,115	63,515	113,225	643,473	69
70 ELECTROENCEPHALOGRAPHY	100,638	10,701	444	128,962	140,745	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,853,553				5,853,553	71
72 IMPL. DEV. CHARGED TO PATIENT	4,278,170				4,278,170	72
73 DRUGS CHARGED TO PATIENTS	3,434,527				3,434,527	73
73.01 OUTPATIENT PHARMACY	1,864,711	20,376	1,718	111,246	1,998,051	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	181,994	37,029	13,236	53,119	285,378	76.01
76.05 INPATIENT RENAL DIALYSIS	366,716				366,716	76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		944	555		1,499	90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE	889,430	21,115	13,418	88,305	1,012,268	90.02
90.03 RIVER FOREST	1,103,664		87,013	129,394	1,320,071	90.03
91 EMERGENCY	3,669,843	141,117		891,423	4,702,383	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,864,882		19,821	517,826	2,402,529	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	390,746			78,126	468,872	116
118 SUBTOTALS (SUM OF LINES 1-117)	118,387,789	2,903,342	3,629,308	15,753,678	118,310,598	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,048	10,588	145	9,036	83,817	190
192 PHYSICIANS' PRIVATE OFFICES	5,418			1,315	6,733	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
192.01 NON-EMPLOYEE CHILD CARE CENTER	74,761				74,761	192.01
193 NONPAID WORKERS	145,674	16,211	462	39,434	201,781	193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	118,677,690	2,930,141	3,629,915	15,803,463	118,677,690	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	21,052,159					5
6 MAINTENANCE & REPAIRS	484,385	2,730,630				6
7 OPERATION OF PLANT	1,061,525	592,558	6,576,709			7
8 LAUNDRY & LINEN SERVICE	131,147	1,040	41,565	781,921		8
9 HOUSEKEEPING	525,109	315,373	38,678		3,314,256	9
10 DIETARY	363,513	98,965	222,682	486	89,148	10
11 CAFETERIA	152,733	1,258	196,370		78,098	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	498,518	5,459	111,508		6,829	13
14 CENTRAL SERVICES & SUPPLY	330,559	87,252	243,222		50,161	14
15 PHARMACY	563,311	2,167	93,339		39,732	15
16 MEDICAL RECORDS & LIBRARY	390,863	4,925	84,953		23,218	16
17 SOCIAL SERVICE	114,834	818	49,556			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	41,401					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,987,224	41,882	1,671,469	340,114	1,295,010	30
31 INTENSIVE CARE UNIT	1,056,910	20,458	334,221	57,595	139,061	31
40 SUBPROVIDER - IPF	257,253	1,361		37,748		40
43 NURSERY	85,132		39,317	6,039	30,420	43
44 SKILLED NURSING FACILITY	564,709	2,347	365,152	103,990	278,123	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,079,201	223,295	772,628	207,349	326,298	50
51 RECOVERY ROOM	114,141	1,062	46,092		31,537	51
52 DELIVERY ROOM & LABOR ROOM	414,313	10,579	172,458	9,735	63,695	52
53 ANESTHESIOLOGY	172,338	47,799	14,189		4,594	53
54 RADIOLOGY-DIAGNOSTIC	616,722	411,435	302,318	151	82,816	54
56 RADIOISOTOPE	141,305	3,027	57,790		32,903	56
56.01 ULTRASOUND	151,450		58,154	148	6,829	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	326,750	391,089	108,379	75	36,379	57
59 CARDIAC CATHETERIZATION	283,121	31,607	62,682	176		59
60 LABORATORY	1,349,345	303,393	298,307		121,803	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	327,951	5,172	33,209		16,265	65
66 PHYSICAL THERAPY	584,692	3,499	331,669		185,250	66
69 ELECTROCARDIOLOGY	138,760	11,203	62,530		35,262	69
70 ELECTROENCEPHALOGRAPHY	30,351	272	31,690		3,601	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,262,272					71
72 IMPL. DEV. CHARGED TO PATIENT	922,553					72
73 DRUGS CHARGED TO PATIENTS	740,628	197				73
73.01 OUTPATIENT PHARMACY	430,864		60,342			73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	61,539	325	109,655		45,692	76.01
76.05 INPATIENT RENAL DIALYSIS	79,079					76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	323	8,268	2,795			90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE	218,287		62,530	614		90.02
90.03 RIVER FOREST	284,663			439		90.03
91 EMERGENCY	1,014,031	91,619	417,898	17,262	118,202	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	518,086	7,722			153,216	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	101,108	1,054			6,953	116
118 SUBTOTALS (SUM OF LINES 1-117)	20,972,999	2,728,480	6,497,347	781,921	3,301,095	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,074	2,100	31,356			190
192 PHYSICIANS' PRIVATE OFFICES	1,452					192
192.01 NON-EMPLOYEE CHILD CARE CENTER	16,122					192.01
193 NONPAID WORKERS	43,512	50	48,006		13,161	193

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	21,052,159	2,730,630	6,576,709	781,921	3,314,256	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,460,518					10
11 CAFETERIA		1,136,731				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		25,025	2,959,124			13
14 CENTRAL SERVICES & SUPPLY		30,854		2,274,954		14
15 PHARMACY		42,858		127,752	3,481,412	15
16 MEDICAL RECORDS & LIBRARY		40,715		63		16
17 SOCIAL SERVICE		9,352		36		17
19 NONPHYSICIAN ANESTHETISTS					44	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	1,579,146	284,189	1,207,839	143,508	12,416	30
31 INTENSIVE CARE UNIT	222,783	85,643	363,996	71,594	7,675	31
40 SUBPROVIDER - IPF	191,585	28,348	120,483	5,698	475	40
43 NURSERY		8,354	35,504			43
44 SKILLED NURSING FACILITY	467,004	66,048	280,715	21,049	1,171	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		68,609	291,598	754,740	16,848	50
51 RECOVERY ROOM		7,718	32,803	10,982	199	51
52 DELIVERY ROOM & LABOR ROOM		29,764	126,503	38,039		52
53 ANESTHESIOLOGY		1,798	7,641	43,580	4,073	53
54 RADIOLOGY-DIAGNOSTIC		43,039		9,328	6,818	54
56 RADIOISOTOPE		508		1,098	451,479	56
56.01 ULTRASOUND		8,753		2,279	44	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		13,021		15,354	1,221	57
59 CARDIAC CATHETERIZATION		11,695		276,297	36,385	59
60 LABORATORY		82,138		439,873	44	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		30,291		42,064	18,809	65
66 PHYSICAL THERAPY		53,100		18,034	366	66
69 ELECTROCARDIOLOGY		13,166		6,307	1,169	69
70 ELECTROENCEPHALOGRAPHY		3,232		1,019		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY		9,643		23,546	2,593,837	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION		3,832		856		76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE		11,586		22,684	6,341	90.02
90.03 RIVER FOREST				31,580	32,714	90.03
91 EMERGENCY		66,811	283,957	157,568	226,829	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		42,676	181,380	9,085	2,674	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		6,283	26,705	913	59,781	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,460,518	1,129,049	2,959,124	2,274,926	3,481,412	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,633				190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 NON-EMPLOYEE CHILD CARE CENTER						192.01
193 NONPAID WORKERS		5,049		28		193

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COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,460,518	1,136,731	2,959,124	2,274,954	3,481,412	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-OTHER PROGRAM COSTS 22	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,357,290					16
17 SOCIAL SERVICE		707,160				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			233,389			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	376,381	449,081	2,334	24,243,312	-2,334	30
31 INTENSIVE CARE UNIT	100,232	46,370		7,407,763		31
40 SUBPROVIDER - IPF	143,597	172,242		2,151,754		40
43 NURSERY	14,319			613,867		43
44 SKILLED NURSING FACILITY				4,769,043		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	377,608			9,122,770		50
51 RECOVERY ROOM	18,819			792,661		51
52 DELIVERY ROOM & LABOR ROOM	29,456			2,815,843		52
53 ANESTHESIOLOGY	38,456			1,133,652		53
54 RADIOLOGY-DIAGNOSTIC	66,685			4,399,245		54
56 RADIOISOTOPE	31,092			1,374,478		56
56.01 ULTRASOUND	17,592			947,572		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	60,957			2,468,470		57
59 CARDIAC CATHETERIZATION	70,776			2,085,662		59
60 LABORATORY	205,782			9,058,022		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	76,094			2,070,668		65
66 PHYSICAL THERAPY	40,911			3,928,924		66
69 ELECTROCARDIOLOGY	51,957			963,827		69
70 ELECTROENCEPHALOGRAPHY	2,864			213,774		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	105,550			7,221,375		71
72 IMPL. DEV. CHARGED TO PATIENT				5,200,723		72
73 DRUGS CHARGED TO PATIENTS	412,794			4,588,146		73
73.01 OUTPATIENT PHARMACY				5,116,283		73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	1,227			508,504		76.01
76.05 INPATIENT RENAL DIALYSIS				445,795		76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	818			13,703		90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE				1,334,310		90.02
90.03 RIVER FOREST				1,669,467		90.03
91 EMERGENCY	113,323	39,467	231,055	7,480,405	-231,055	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY				3,317,368		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				671,669		116
118 SUBTOTALS (SUM OF LINES 1-117)	2,357,290	707,160	233,389	118,129,055	-233,389	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				137,980		190
192 PHYSICIANS' PRIVATE OFFICES				8,185		192
192.01 NON-EMPLOYEE CHILD CARE CENTER				90,883		192.01
193 NONPAID WORKERS				311,587		193

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COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	2,357,290	707,160	233,389	118,677,690	-233,389 202

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	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	24,240,978	30
31	INTENSIVE CARE UNIT	7,407,763	31
40	SUBPROVIDER - IPF	2,151,754	40
43	NURSERY	613,867	43
44	SKILLED NURSING FACILITY	4,769,043	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	9,122,770	50
51	RECOVERY ROOM	792,661	51
52	DELIVERY ROOM & LABOR ROOM	2,815,843	52
53	ANESTHESIOLOGY	1,133,652	53
54	RADIOLOGY-DIAGNOSTIC	4,399,245	54
56	RADIOISOTOPE	1,374,478	56
56.01	ULTRASOUND	947,572	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,468,470	57
59	CARDIAC CATHETERIZATION	2,085,662	59
60	LABORATORY	9,058,022	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	2,070,668	65
66	PHYSICAL THERAPY	3,928,924	66
69	ELECTROCARDIOLOGY	963,827	69
70	ELECTROENCEPHALOGRAPHY	213,774	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,221,375	71
72	IMPL. DEV. CHARGED TO PATIENT	5,200,723	72
73	DRUGS CHARGED TO PATIENTS	4,588,146	73
73.01	OUTPATIENT PHARMACY	5,116,283	73.01
76	LITHOTRIPSY		76
76.01	CARDIAC REHABILITATION	508,504	76.01
76.05	INPATIENT RENAL DIALYSIS	445,795	76.05
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	13,703	90
90.01	OUTPATIENT INFUSION PROCEDURES		90.01
90.02	WOUND CARE	1,334,310	90.02
90.03	RIVER FOREST	1,669,467	90.03
91	EMERGENCY	7,249,350	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	3,317,368	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	671,669	116
118	SUBTOTALS (SUM OF LINES 1-117)	117,895,666	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137,980	190
192	PHYSICIANS' PRIVATE OFFICES	8,185	192
192.01	NON-EMPLOYEE CHILD CARE CENTER	90,883	192.01
193	NONPAID WORKERS	311,587	193

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	118,444,301	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		20,479	24,292	44,771	44,771	4
5 ADMINISTRATIVE & GENERAL	58,387	289,590	773,561	1,121,538	6,368	5
6 MAINTENANCE & REPAIRS	1,947	14,621	114,540	131,108	721	6
7 OPERATION OF PLANT	72,313	384,609	287,947	744,869	807	7
8 LAUNDRY & LINEN SERVICE		14,036		14,036	93	8
9 HOUSEKEEPING	31,842	13,061	15,219	60,122	890	9
10 DIETARY	2,104	75,196	30,602	107,902	645	10
11 CAFETERIA		66,311	3,777	70,088	90	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		37,654	11,460	49,114	1,307	13
14 CENTRAL SERVICES & SUPPLY	217,414	82,132	56,170	355,716	472	14
15 PHARMACY	24,508	31,519	4,883	60,910	1,753	15
16 MEDICAL RECORDS & LIBRARY		28,687	5,649	34,336	915	16
17 SOCIAL SERVICE		16,734	449	17,183	339	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	148,891	564,426	42,810	756,127	8,496	30
31 INTENSIVE CARE UNIT	22,176	112,861	44,504	179,541	3,055	31
40 SUBPROVIDER - IPF	10,524		3,699	14,223	747	40
43 NURSERY		13,277	4,302	17,579		43
44 SKILLED NURSING FACILITY	17,244	123,305	3,284	143,833	1,600	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,076	260,903	444,206	767,185	2,155	50
51 RECOVERY ROOM	9,468	15,565	377	25,410	302	51
52 DELIVERY ROOM & LABOR ROOM	14,508	58,236	43,131	115,875	1,154	52
53 ANESTHESIOLOGY	10,812	4,791	17,492	33,095		53
54 RADIOLOGY-DIAGNOSTIC		102,088	549,277	651,365	1,200	54
56 RADIOISOTOPE		19,515		19,515		56
56.01 ULTRASOUND		19,638	72,436	92,074	388	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		36,598	235,191	271,789	505	57
59 CARDIAC CATHETERIZATION	16,104	21,167	343,518	380,789	515	59
60 LABORATORY	39,690	100,733	236,344	376,767	1,948	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	13,405	11,214	46,770	71,389	835	65
66 PHYSICAL THERAPY		111,999	13,698	125,697	1,634	66
69 ELECTROCARDIOLOGY		21,115	63,515	84,630	321	69
70 ELECTROENCEPHALOGRAPHY		10,701	444	11,145	82	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY		20,376	1,718	22,094	315	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION		37,029	13,236	50,265	150	76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		944	555	1,499		90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE		21,115	13,418	34,533	250	90.02
90.03 RIVER FOREST			87,013	87,013	366	90.03
91 EMERGENCY	113,715	141,117		254,832	2,524	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			19,821	19,821	1,466	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	29,927			29,927	221	116
118 SUBTOTALS (SUM OF LINES 1-117)	917,055	2,903,342	3,629,308	7,449,705	44,629	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	791	10,588	145	11,524	26	190
192 PHYSICIANS' PRIVATE OFFICES					4	192
192.01 NON-EMPLOYEE CHILD CARE CENTER						192.01
193 NONPAID WORKERS		16,211	462	16,673	112	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	917,846	2,930,141	3,629,915	7,477,902	44,771 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,127,906					5
6 MAINTENANCE & REPAIRS	25,951	157,780				6
7 OPERATION OF PLANT	56,871	34,239	836,786			7
8 LAUNDRY & LINEN SERVICE	7,026	60	5,289	26,504		8
9 HOUSEKEEPING	28,133	18,223	4,921		112,289	9
10 DIETARY	19,475	5,718	28,333	16	3,020	10
11 CAFETERIA	8,183	73	24,985		2,646	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	26,708	315	14,188		231	13
14 CENTRAL SERVICES & SUPPLY	17,710	5,042	30,946		1,699	14
15 PHARMACY	30,179	125	11,876		1,346	15
16 MEDICAL RECORDS & LIBRARY	20,940	285	10,809		787	16
17 SOCIAL SERVICE	6,152	47	6,305			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	2,218					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	160,079	2,420	212,668	11,528	43,876	30
31 INTENSIVE CARE UNIT	56,624	1,182	42,525	1,952	4,711	31
40 SUBPROVIDER - IPF	13,782	79		1,280		40
43 NURSERY	4,561		5,002	205	1,031	43
44 SKILLED NURSING FACILITY	30,254	136	46,460	3,525	9,423	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	57,818	12,902	98,305	7,028	11,055	50
51 RECOVERY ROOM	6,115	61	5,865		1,068	51
52 DELIVERY ROOM & LABOR ROOM	22,197	611	21,943	330	2,158	52
53 ANESTHESIOLOGY	9,233	2,762	1,805		156	53
54 RADIOLOGY-DIAGNOSTIC	33,041	23,773	38,465	5	2,806	54
56 RADIOISOTOPE	7,570	175	7,353		1,115	56
56.01 ULTRASOUND	8,114		7,399	5	231	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,506	22,598	13,790	3	1,233	57
59 CARDIAC CATHETERIZATION	15,168	1,826	7,975	6		59
60 LABORATORY	72,291	17,531	37,955		4,127	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	17,570	299	4,225		551	65
66 PHYSICAL THERAPY	31,325	202	42,200		6,276	66
69 ELECTROCARDIOLOGY	7,434	647	7,956		1,195	69
70 ELECTROENCEPHALOGRAPHY	1,626	16	4,032		122	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	67,626					71
72 IMPL. DEV. CHARGED TO PATIENT	49,426					72
73 DRUGS CHARGED TO PATIENTS	39,679	11				73
73.01 OUTPATIENT PHARMACY	23,083		7,678			73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	3,297	19	13,952		1,548	76.01
76.05 INPATIENT RENAL DIALYSIS	4,237					76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	17	478	356			90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE	11,695		7,956	21		90.02
90.03 RIVER FOREST	15,251			15		90.03
91 EMERGENCY	54,327	5,294	53,171	585	4,005	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	27,756	446			5,191	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	5,417	61			236	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,123,665	157,656	826,688	26,504	111,843	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	968	121	3,990			190
192 PHYSICIANS' PRIVATE OFFICES	78					192
192.01 NON-EMPLOYEE CHILD CARE CENTER	864					192.01
193 NONPAID WORKERS	2,331	3	6,108		446	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,127,906	157,780	836,786	26,504	112,289	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	165,109					10
11 CAFETERIA		106,065				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,335	94,198			13
14 CENTRAL SERVICES & SUPPLY		2,879		414,464		14
15 PHARMACY		3,999		23,275	133,463	15
16 MEDICAL RECORDS & LIBRARY		3,799		11		16
17 SOCIAL SERVICE		873		7	2	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	105,966	26,516	38,451	26,145	476	30
31 INTENSIVE CARE UNIT	14,949	7,991	11,587	13,044	294	31
40 SUBPROVIDER - IPF	12,856	2,645	3,835	1,038	18	40
43 NURSERY		779	1,130			43
44 SKILLED NURSING FACILITY	31,338	6,163	8,936	3,835	45	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		6,402	9,282	137,500	646	50
51 RECOVERY ROOM		720	1,044	2,001	8	51
52 DELIVERY ROOM & LABOR ROOM		2,777	4,027	6,930		52
53 ANESTHESIOLOGY		168	243	7,940	156	53
54 RADIOLOGY-DIAGNOSTIC		4,016		1,699	261	54
56 RADIOISOTOPE		47		200	17,308	56
56.01 ULTRASOUND		817		415	2	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,215		2,797	47	57
59 CARDIAC CATHETERIZATION		1,091		50,338	1,395	59
60 LABORATORY		7,664		80,139	2	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,826		7,663	721	65
66 PHYSICAL THERAPY		4,955		3,286	14	66
69 ELECTROCARDIOLOGY		1,228		1,149	45	69
70 ELECTROENCEPHALOGRAPHY		302		186		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY		900		4,290	99,435	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION		358		156		76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE		1,081		4,133	243	90.02
90.03 RIVER FOREST				5,754	1,254	90.03
91 EMERGENCY		6,234	9,039	28,707	8,696	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		3,982	5,774	1,655	103	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		586	850	166	2,292	116
118 SUBTOTALS (SUM OF LINES 1-117)	165,109	105,348	94,198	414,459	133,463	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		246				190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 NON-EMPLOYEE CHILD CARE CENTER						192.01
193 NONPAID WORKERS		471		5		193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	165,109	106,065	94,198	414,464	133,463	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-OTHER PROGRAM COSTS 22	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	71,882				16
17 SOCIAL SERVICE		30,908			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			2,218		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	11,477	19,628		1,423,853	30
31 INTENSIVE CARE UNIT	3,056	2,027		342,538	31
40 SUBPROVIDER - IPF	4,379	7,528		62,410	40
43 NURSERY	437			30,724	43
44 SKILLED NURSING FACILITY				285,548	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	11,515			1,121,793	50
51 RECOVERY ROOM	574			43,168	51
52 DELIVERY ROOM & LABOR ROOM	898			178,900	52
53 ANESTHESIOLOGY	1,173			56,731	53
54 RADIOLOGY-DIAGNOSTIC	2,033			758,664	54
56 RADIOISOTOPE	948			54,231	56
56.01 ULTRASOUND	536			109,981	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,859			333,342	57
59 CARDIAC CATHETERIZATION	2,158			461,261	59
60 LABORATORY	6,275			604,699	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	2,320			108,399	65
66 PHYSICAL THERAPY	1,248			216,837	66
69 ELECTROCARDIOLOGY	1,584			106,189	69
70 ELECTROENCEPHALOGRAPHY	87			17,598	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,219			70,845	71
72 IMPL. DEV. CHARGED TO PATIENT				49,426	72
73 DRUGS CHARGED TO PATIENTS	12,588			52,278	73
73.01 OUTPATIENT PHARMACY				157,795	73.01
76 LITHOTRIPSY					76
76.01 CARDIAC REHABILITATION	37			69,782	76.01
76.05 INPATIENT RENAL DIALYSIS				4,237	76.05
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	25			2,375	90
90.01 OUTPATIENT INFUSION PROCEDURES					90.01
90.02 WOUND CARE				59,912	90.02
90.03 RIVER FOREST				109,653	90.03
91 EMERGENCY	3,456	1,725		432,595	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY				66,194	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				39,756	116
118 SUBTOTALS (SUM OF LINES 1-117)	71,882	30,908		7,431,714	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				16,875	190
192 PHYSICIANS' PRIVATE OFFICES				82	192
192.01 NON-EMPLOYEE CHILD CARE CENTER				864	192.01
193 NONPAID WORKERS				26,149	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
200	CROSS FOOT ADJUSTMENTS			2,218	2,218	200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	71,882	30,908	2,218	7,477,902	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	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	1,423,853	30
31	INTENSIVE CARE UNIT	342,538	31
40	SUBPROVIDER - IPF	62,410	40
43	NURSERY	30,724	43
44	SKILLED NURSING FACILITY	285,548	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,121,793	50
51	RECOVERY ROOM	43,168	51
52	DELIVERY ROOM & LABOR ROOM	178,900	52
53	ANESTHESIOLOGY	56,731	53
54	RADIOLOGY-DIAGNOSTIC	758,664	54
56	RADIOISOTOPE	54,231	56
56.01	ULTRASOUND	109,981	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	333,342	57
59	CARDIAC CATHETERIZATION	461,261	59
60	LABORATORY	604,699	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	108,399	65
66	PHYSICAL THERAPY	216,837	66
69	ELECTROCARDIOLOGY	106,189	69
70	ELECTROENCEPHALOGRAPHY	17,598	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	70,845	71
72	IMPL. DEV. CHARGED TO PATIENT	49,426	72
73	DRUGS CHARGED TO PATIENTS	52,278	73
73.01	OUTPATIENT PHARMACY	157,795	73.01
76	LITHOTRIPSY		76
76.01	CARDIAC REHABILITATION	69,782	76.01
76.05	INPATIENT RENAL DIALYSIS	4,237	76.05
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	2,375	90
90.01	OUTPATIENT INFUSION PROCEDURES		90.01
90.02	WOUND CARE	59,912	90.02
90.03	RIVER FOREST	109,653	90.03
91	EMERGENCY	432,595	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	66,194	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	39,756	116
118	SUBTOTALS (SUM OF LINES 1-117)	7,431,714	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,875	190
192	PHYSICIANS' PRIVATE OFFICES	82	192
192.01	NON-EMPLOYEE CHILD CARE CENTER	864	192.01
193	NONPAID WORKERS	26,149	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS	2,218	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	7,477,902	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	285,587					1
2 CAP REL COSTS-MVBLE EQUIP		3,239,397				2
4 EMPLOYEE BENEFITS	1,996	21,679	51,560,409			4
5 ADMINISTRATIVE & GENERAL	28,225	690,341	7,336,306	-21,052,159	97,625,531	5
6 MAINTENANCE & REPAIRS	1,425	102,217	830,133		2,246,245	6
7 OPERATION OF PLANT	37,486	256,969	929,188		4,922,626	7
8 LAUNDRY & LINEN SERVICE	1,368		107,134		608,169	8
9 HOUSEKEEPING	1,273	13,582	1,025,693		2,435,096	9
10 DIETARY	7,329	27,310	743,324		1,685,724	10
11 CAFETERIA	6,463	3,371	103,569		708,272	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,670	10,227	1,506,227		2,311,785	13
14 CENTRAL SERVICES & SUPPLY	8,005	50,127	543,914		1,532,906	14
15 PHARMACY	3,072	4,358	2,019,201		2,612,253	15
16 MEDICAL RECORDS & LIBRARY	2,796	5,041	1,053,682		1,812,553	16
17 SOCIAL SERVICE	1,631	401	390,936		532,520	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					191,988	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,012	38,204	9,767,933		13,852,719	30
31 INTENSIVE CARE UNIT	11,000	39,716	3,519,336		4,901,225	31
40 SUBPROVIDER - IPF		3,301	861,160		1,192,964	40
43 NURSERY	1,294	3,839			394,782	43
44 SKILLED NURSING FACILITY	12,018	2,931	1,843,037		2,618,735	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,429	396,417	2,483,044		5,004,596	50
51 RECOVERY ROOM	1,517	336	348,137		529,308	51
52 DELIVERY ROOM & LABOR ROOM	5,676	38,491	1,329,765		1,921,301	52
53 ANESTHESIOLOGY	467	15,610			799,184	53
54 RADIOLOGY-DIAGNOSTIC	9,950	490,184	1,383,021		2,859,933	54
56 RADIOISOTOPE	1,902				655,276	56
56.01 ULTRASOUND	1,914	64,643	446,671		702,323	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,567	209,888	581,410		1,515,245	57
59 CARDIAC CATHETERIZATION	2,063	306,561	593,567		1,312,923	59
60 LABORATORY	9,818	210,917	2,243,899		6,257,337	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,093	41,738	962,072		1,520,813	65
66 PHYSICAL THERAPY	10,916	12,224	1,882,484		2,711,403	66
69 ELECTROCARDIOLOGY	2,058	56,682	369,408		643,473	69
70 ELECTROENCEPHALOGRAPHY	1,043	396	94,493		140,745	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					5,853,553	71
72 IMPL. DEV. CHARGED TO PATIENT					4,278,170	72
73 DRUGS CHARGED TO PATIENTS					3,434,527	73
73.01 OUTPATIENT PHARMACY	1,986	1,533	362,951		1,998,051	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	3,609	11,812	173,306		285,378	76.01
76.05 INPATIENT RENAL DIALYSIS					366,716	76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	92	495			1,499	90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE	2,058	11,974	288,104		1,012,268	90.02
90.03 RIVER FOREST		77,652	422,161		1,320,071	90.03
91 EMERGENCY	13,754		2,908,358		4,702,383	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		17,689	1,689,460		2,402,529	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			254,894		468,872	116
118 SUBTOTALS (SUM OF LINES 1-117)	282,975	3,238,856	51,397,978	-21,052,159	97,258,439	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,032	129	29,482		83,817	190
192 PHYSICIANS' PRIVATE OFFICES			4,290		6,733	192
192.01 NON-EMPLOYEE CHILD CARE CENTER					74,761	192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 1	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
193	NONPAID WORKERS	1,580	412	128,659		201,781	193
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,930,141	3,629,915	15,803,463		21,052,159	202
203	UNIT COST MULT-WS B PT I	10.260064	1.120553	0.306504		0.215642	203
204	COST TO BE ALLOC PER B PT II			44,771		1,127,906	204
205	UNIT COST MULT-WS B PT II			0.000868		0.011553	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINT REQS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	1,805,805					6
7 OPERATION OF PLANT	391,867	216,455				7
8 LAUNDRY & LINEN SERVICE	688	1,368	627,489			8
9 HOUSEKEEPING	208,561	1,273		26,693		9
10 DIETARY	65,447	7,329	390	718	145,986	10
11 CAFETERIA	832	6,463		629		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,610	3,670		55		13
14 CENTRAL SERVICES & SUPPLY	57,701	8,005		404		14
15 PHARMACY	1,433	3,072		320		15
16 MEDICAL RECORDS & LIBRARY	3,257	2,796		187		16
17 SOCIAL SERVICE	541	1,631				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	27,697	55,012	272,940	10,430	93,693	30
31 INTENSIVE CARE UNIT	13,529	11,000	46,220	1,120	13,218	31
40 SUBPROVIDER - IPF	900		30,293		11,367	40
43 NURSERY		1,294	4,846	245		43
44 SKILLED NURSING FACILITY	1,552	12,018	83,452	2,240	27,708	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	147,668	25,429	166,397	2,628		50
51 RECOVERY ROOM	702	1,517		254		51
52 DELIVERY ROOM & LABOR ROOM	6,996	5,676	7,812	513		52
53 ANESTHESIOLOGY	31,610	467		37		53
54 RADIOLOGY-DIAGNOSTIC	272,088	9,950	121	667		54
56 RADIOISOTOPE	2,002	1,902		265		56
56.01 ULTRASOUND		1,914	119	55		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	258,633	3,567	60	293		57
59 CARDIAC CATHETERIZATION	20,902	2,063	141			59
60 LABORATORY	200,638	9,818		981		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,420	1,093		131		65
66 PHYSICAL THERAPY	2,314	10,916		1,492		66
69 ELECTROCARDIOLOGY	7,409	2,058		284		69
70 ELECTROENCEPHALOGRAPHY	180	1,043		29		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	130					73
73.01 OUTPATIENT PHARMACY		1,986				73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	215	3,609		368		76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,468	92				90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE		2,058	493			90.02
90.03 RIVER FOREST			352			90.03
91 EMERGENCY	60,589	13,754	13,853	952		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,107			1,234		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	697			56		116
118 SUBTOTALS (SUM OF LINES 1-117)	1,804,383	213,843	627,489	26,587	145,986	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,389	1,032				190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 NON-EMPLOYEE CHILD CARE CENTER						192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAINTEN- ANCE AND REPAIRS MAINT REQS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	
193	NONPAID WORKERS						193
200	CROSS FOOT ADJUSTMENTS	33	1,580		106		200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,730,630	6,576,709	781,921	3,314,256	2,460,518	202
203	UNIT COST MULT-WS B PT I	1.512140	30.383724	1.246111	124.161990	16.854479	203
204	COST TO BE ALLOC PER B PT II	157,780	836,786	26,504	112,289	165,109	204
205	UNIT COST MULT-WS B PT II	0.087374	3.865866	0.042238	4.206683	1.130992	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTES SERVED) 11	NURSING ADMINI- STRATION (FTES SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	62,595					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,378	38,339				13
14 CENTRAL SERVICES & SUPPLY	1,699		9,316,597			14
15 PHARMACY	2,360		523,182	1,816,154		15
16 MEDICAL RECORDS & LIBRARY	2,242		257		5,762	16
17 SOCIAL SERVICE	515		148	23		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	15,649	15,649	587,708	6,477	920	30
31 INTENSIVE CARE UNIT	4,716	4,716	293,199	4,004	245	31
40 SUBPROVIDER - IPF	1,561	1,561	23,337	248	351	40
43 NURSERY	460	460			35	43
44 SKILLED NURSING FACILITY	3,637	3,637	86,202	611		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,778	3,778	3,090,877	8,789	923	50
51 RECOVERY ROOM	425	425	44,976	104	46	51
52 DELIVERY ROOM & LABOR ROOM	1,639	1,639	155,779		72	52
53 ANESTHESIOLOGY	99	99	178,471	2,125	94	53
54 RADIOLOGY-DIAGNOSTIC	2,370		38,199	3,557	163	54
56 RADIOISOTOPE	28		4,495	235,524	76	56
56.01 ULTRASOUND	482		9,334	23	43	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	717		62,881	637	149	57
59 CARDIAC CATHETERIZATION	644		1,131,516	18,981	173	59
60 LABORATORY	4,523		1,801,407	23	503	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,668		172,263	9,812	186	65
66 PHYSICAL THERAPY	2,924		73,856	191	100	66
69 ELECTROCARDIOLOGY	725		25,829	610	127	69
70 ELECTROENCEPHALOGRAPHY	178		4,175		7	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					258	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					1,009	73
73.01 OUTPATIENT PHARMACY	531		96,429	1,353,130		73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	211		3,506		3	76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					2	90
90.01 OUTPATIENT INFUSION PROCEDURES						90.01
90.02 WOUND CARE	638		92,897	3,308		90.02
90.03 RIVER FOREST			129,331	17,066		90.03
91 EMERGENCY	3,679	3,679	645,285	118,330	277	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,350	2,350	37,206	1,395		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	346	346	3,738	31,186		116
118 SUBTOTALS (SUM OF LINES 1-117)	62,172	38,339	9,316,483	1,816,154	5,762	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	145					190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 NON-EMPLOYEE CHILD CARE CENTER						192.01

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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTES SERVED) 11	NURSING ADMINI- STRATION (FTES SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
193 NONPAID WORKERS	278		114			193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,136,731	2,959,124	2,274,954	3,481,412	2,357,290	202
203 UNIT COST MULT-WS B PT I	18.160093	77.183129	0.244183	1.916915	409.109684	203
204 COST TO BE ALLOC PER B PT II	106,065	94,198	414,464	133,463	71,882	204
205 UNIT COST MULT-WS B PT II	1.694464	2.456976	0.044487	0.073487	12.475182	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(TIME SPENT) 17	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE	8,708			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		100		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			100	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	5,530	1	1	30
31 INTENSIVE CARE UNIT	571			31
40 SUBPROVIDER - IPF	2,121			40
43 NURSERY				43
44 SKILLED NURSING FACILITY				44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC				54
56 RADIOISOTOPE				56
56.01 ULTRASOUND				56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
73.01 OUTPATIENT PHARMACY				73.01
76 LITHOTRIPSY				76
76.01 CARDIAC REHABILITATION				76.01
76.05 INPATIENT RENAL DIALYSIS				76.05
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC				90
90.01 OUTPATIENT INFUSION PROCEDURES				90.01
90.02 WOUND CARE				90.02
90.03 RIVER FOREST				90.03
91 EMERGENCY	486	99	99	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY				101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE				116
118 SUBTOTALS (SUM OF LINES 1-117)	8,708	100	100	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 NON-EMPLOYEE CHILD CARE CENTER				192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
193 NONPAID WORKERS				193
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	707,160		233,389	202
203 UNIT COST MULT-WS B PT I	81.208085		2,333.890000	203
204 COST TO BE ALLOC PER B PT II	30,908		2,218	204
205 UNIT COST MULT-WS B PT II	3.549380		22.180000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	24,240,978		24,240,978	20,510	24,261,488	30
31 INTENSIVE CARE UNIT	7,407,763		7,407,763		7,407,763	31
40 SUBPROVIDER - IPF	2,151,754		2,151,754	24,350	2,176,104	40
43 NURSERY	613,867		613,867		613,867	43
44 SKILLED NURSING FACILITY	4,769,043		4,769,043		4,769,043	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,122,770		9,122,770		9,122,770	50
51 RECOVERY ROOM	792,661		792,661		792,661	51
52 DELIVERY ROOM & LABOR ROOM	2,815,843		2,815,843		2,815,843	52
53 ANESTHESIOLOGY	1,133,652		1,133,652	168,101	1,301,753	53
54 RADIOLOGY-DIAGNOSTIC	4,399,245		4,399,245		4,399,245	54
56 RADIOISOTOPE	1,374,478		1,374,478		1,374,478	56
56.01 ULTRASOUND	947,572		947,572		947,572	56.01
57 COMPUTED TOMOGRAPHY (CT) SC	2,468,470		2,468,470		2,468,470	57
59 CARDIAC CATHETERIZATION	2,085,662		2,085,662		2,085,662	59
60 LABORATORY	9,058,022		9,058,022		9,058,022	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						
65 RESPIRATORY THERAPY	2,070,668		2,070,668		2,070,668	65
66 PHYSICAL THERAPY	3,928,924		3,928,924		3,928,924	66
69 ELECTROCARDIOLOGY	963,827		963,827	12,735	976,562	69
70 ELECTROENCEPHALOGRAPHY	213,774		213,774		213,774	70
71 MEDICAL SUPPLIES CHRGD TO	7,221,375		7,221,375		7,221,375	71
72 IMPL. DEV. CHARGED TO PATIE	5,200,723		5,200,723		5,200,723	72
73 DRUGS CHARGED TO PATIENTS	4,588,146		4,588,146		4,588,146	73
73.01 OUTPATIENT PHARMACY	5,116,283		5,116,283		5,116,283	73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	508,504		508,504		508,504	76.01
76.05 INPATIENT RENAL DIALYSIS	445,795		445,795		445,795	76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,703		13,703		13,703	90
90.01 OUTPATIENT INFUSION PROCEDU						90.01
90.02 WOUND CARE	1,334,310		1,334,310		1,334,310	90.02
90.03 RIVER FOREST	1,669,467		1,669,467		1,669,467	90.03
91 EMERGENCY	7,249,350		7,249,350		7,249,350	91
92 OBSERVATION BEDS	960,950		960,950		960,950	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,317,368		3,317,368		3,317,368	101
116 HOSPICE	671,669		671,669		671,669	116
200 SUBTOTAL (SEE INSTRUCTIONS)	118,856,616		118,856,616	225,696	119,082,312	200
201 LESS OBSERVATION BEDS	960,950		960,950		960,950	201
202 TOTAL (SEE INSTRUCTIONS)	117,895,666		117,895,666		118,121,362	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,731,686		63,731,686			30
31 INTENSIVE CARE UNIT	17,959,322		17,959,322			31
40 SUBPROVIDER - IPF	8,210,763		8,210,763			40
43 NURSERY	2,146,453		2,146,453			43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	6,528,947		6,528,947			44
50 OPERATING ROOM	19,522,392	20,488,012	40,010,404	0.228010	0.228010	0.228010 50
51 RECOVERY ROOM	2,628,788	2,134,147	4,762,935	0.166423	0.166423	0.166423 51
52 DELIVERY ROOM & LABOR ROOM	5,555,789	781,621	6,337,410	0.444321	0.444321	0.444321 52
53 ANESTHESIOLOGY	5,444,507	4,594,952	10,039,459	0.112920	0.112920	0.129664 53
54 RADIOLOGY-DIAGNOSTIC	5,741,415	12,797,634	18,539,049	0.237296	0.237296	0.237296 54
56 RADIOISOTOPE	2,374,840	4,013,184	6,388,024	0.215165	0.215165	0.215165 56
56.01 ULTRASOUND	2,978,818	8,186,968	11,165,786	0.084864	0.084864	0.084864 56.01
57 COMPUTED TOMOGRAPHY (CT) SC	12,613,335	32,608,246	45,221,581	0.054586	0.054586	0.054586 57
59 CARDIAC CATHETERIZATION	16,255,038	9,654,633	25,909,671	0.080497	0.080497	0.080497 59
60 LABORATORY	40,772,110	36,345,006	77,117,116	0.117458	0.117458	0.117458 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	10,787,265	903,077	11,690,342	0.177126	0.177126	0.177126 65
66 PHYSICAL THERAPY	12,757,451	8,179,087	20,936,538	0.187659	0.187659	0.187659 66
69 ELECTROCARDIOLOGY	10,881,228	12,993,858	23,875,086	0.040370	0.040370	0.040903 69
70 ELECTROENCEPHALOGRAPHY	352,926	1,178,490	1,531,416	0.139592	0.139592	0.139592 70
71 MEDICAL SUPPLIES CHRGD TO	80,722,165	25,797,700	106,519,865	0.067794	0.067794	0.067794 71
72 IMPL. DEV. CHARGED TO PATIE	7,861,495	6,314,590	14,176,085	0.366866	0.366866	0.366866 72
73 DRUGS CHARGED TO PATIENTS	90,578,896	20,116,963	110,695,859	0.041448	0.041448	0.041448 73
73.01 OUTPATIENT PHARMACY		1,882,130	1,882,130	2.718347	2.718347	2.718347 73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	320	797,100	797,420	0.637687	0.637687	0.637687 76.01
76.05 INPATIENT RENAL DIALYSIS	3,270,199	108,301	3,378,500	0.131951	0.131951	0.131951 76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		34,578	34,578	0.396292	0.396292	0.396292 90
90.01 OUTPATIENT INFUSION PROCEDU						90.01
90.02 WOUND CARE	196,225	4,525,009	4,721,234	0.282619	0.282619	0.282619 90.02
90.03 RIVER FOREST	4,705	1,487,098	1,491,803	1.119093	1.119093	1.119093 90.03
91 EMERGENCY	14,288,249	32,216,913	46,505,162	0.155883	0.155883	0.155883 91
92 OBSERVATION BEDS	976,270	7,830,802	8,807,072	0.109111	0.109111	0.109111 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		3,512,213	3,512,213			101
116 HOSPICE	247,686	1,048,778	1,296,464			116
200 SUBTOTAL (SEE INSTRUCTIONS)	445,389,283	260,531,090	705,920,373			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	445,389,283	260,531,090	705,920,373			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) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 + COL.4) 5	PGM 6	(COL.5 x COL.6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,423,853		1,423,853	30,903	46.07	16,768	772,502 30
31 INTENSIVE CARE UNIT	342,538		342,538	4,406	77.74	2,160	167,918 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	62,410		62,410	3,789	16.47	3,673	60,494 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	30,724		30,724	1,552	19.80		43
44 SKILLED NURSING FACILITY	285,548		285,548	9,236	30.92	7,515	232,364 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	2,145,073		2,145,073	49,886		30,116	1,233,278 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] 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	1,121,793	40,010,404	0.028038	6,949,023	194,837	50
51 RECOVERY ROOM	43,168	4,762,935	0.009063	2,008,268	18,201	51
52 DELIVERY ROOM & LABOR ROOM	178,900	6,337,410	0.028229	22,716	641	52
53 ANESTHESIOLOGY	56,731	10,039,459	0.005651	2,060,181	11,642	53
54 RADIOLOGY-DIAGNOSTIC	758,664	18,539,049	0.040922	4,882,087	199,785	54
56 RADIOISOTOPE	54,231	6,388,024	0.008489	1,138,334	9,663	56
56.01 ULTRASOUND	109,981	11,165,786	0.009850	1,110,154	10,935	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	333,342	45,221,581	0.007371	7,208,803	53,136	57
59 CARDIAC CATHETERIZATION	461,261	25,909,671	0.017803	6,004,252	106,894	59
60 LABORATORY	604,699	77,117,116	0.007841	23,280,497	182,542	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	108,399	11,690,342	0.009273	5,989,718	55,543	65
66 PHYSICAL THERAPY	216,837	20,936,538	0.010357	2,977,511	30,838	66
69 ELECTROCARDIOLOGY	106,189	23,875,086	0.004448	6,054,781	26,932	69
70 ELECTROENCEPHALOGRAPHY	17,598	1,531,416	0.011491	211,229	2,427	70
71 MEDICAL SUPPLIES CHRGED TO PA	70,845	106,519,865	0.000665	35,535,681	23,631	71
72 IMPL. DEV. CHARGED TO PATIENT	49,426	14,176,085	0.003487	3,922,771	13,679	72
73 DRUGS CHARGED TO PATIENTS	52,278	110,695,859	0.000472	44,228,755	20,876	73
73.01 OUTPATIENT PHARMACY	157,795	1,882,130	0.083839			73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	69,782	797,420	0.087510			76.01
76.05 INPATIENT RENAL DIALYSIS	4,237	3,378,500	0.001254			76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,375	34,578	0.068685			90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE	59,912	4,721,234	0.012690	1,739	22	90.02
90.03 RIVER FOREST	109,653	1,491,803	0.073504			90.03
91 EMERGENCY	432,595	46,505,162	0.009302	7,616,413	70,848	91
92 OBSERVATION BEDS	56,396	8,807,072	0.006403			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,237,087	602,534,525		161,202,913	1,033,072	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	30,903		16,768		30
31 INTENSIVE CARE UNIT	4,406		2,160		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	3,789		3,673		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,552				43
44 SKILLED NURSING FACILITY	9,236		7,515		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	49,886		30,116		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
56.01 ULTRASOUND						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION						76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE						90.02
90.03 RIVER FOREST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0008)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 8)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	40,010,404		6,949,023		4,645,894	50
51	RECOVERY ROOM	4,762,935		2,008,268		1,657,314	51
52	DELIVERY ROOM & LABOR ROOM	6,337,410		22,716			52
53	ANESTHESIOLOGY	10,039,459		2,060,181		1,448,831	53
54	RADIOLOGY-DIAGNOSTIC	18,539,049		4,882,087		4,433,780	54
56	RADIOISOTOPE	6,388,024		1,138,334		1,611,230	56
56.01	ULTRASOUND	11,165,786		1,110,154		976,945	56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	45,221,581		7,208,803		9,436,062	57
59	CARDIAC CATHETERIZATION	25,909,671		6,004,252		4,554,378	59
60	LABORATORY	77,117,116		23,280,497		1,245,505	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	11,690,342		5,989,718		445,404	65
66	PHYSICAL THERAPY	20,936,538		2,977,511		115,410	66
69	ELECTROCARDIOLOGY	23,875,086		6,054,781		3,435,780	69
70	ELECTROENCEPHALOGRAPHY	1,531,416		211,229		109,007	70
71	MEDICAL SUPPLIES CHRGED TO P	106,519,865		35,535,681		11,555,560	71
72	IMPL. DEV. CHARGED TO PATIEN	14,176,085		3,922,771		2,205,729	72
73	DRUGS CHARGED TO PATIENTS	110,695,859		44,228,755		7,371,615	73
73.01	OUTPATIENT PHARMACY	1,882,130					73.01
76	LITHOTRIPSY						76
76.01	CARDIAC REHABILITATION	797,420					76.01
76.05	INPATIENT RENAL DIALYSIS	3,378,500					76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	34,578					90
90.01	OUTPATIENT INFUSION PROCEDUR						90.01
90.02	WOUND CARE	4,721,234		1,739		647,990	90.02
90.03	RIVER FOREST	1,491,803					90.03
91	EMERGENCY	46,505,162		7,616,413		7,353,442	91
92	OBSERVATION BEDS	8,807,072					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	602,534,525		161,202,913		63,249,876	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.228010	4,645,894			1,059,310		50
51 RECOVERY ROOM	0.166423	1,657,314			275,815		51
52 DELIVERY ROOM & LABOR ROOM	0.444321						52
53 ANESTHESIOLOGY	0.112920	1,448,831			163,602		53
54 RADIOLOGY-DIAGNOSTIC	0.237296	4,433,780			1,052,118		54
56 RADIOISOTOPE	0.215165	1,611,230			346,680		56
56.01 ULTRASOUND	0.084864	976,945			82,907		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586	9,436,062			515,077		57
59 CARDIAC CATHETERIZATION	0.080497	4,554,378			366,614		59
60 LABORATORY	0.117458	1,245,505			146,295		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							
65 RESPIRATORY THERAPY	0.177126	445,404			78,893		65
66 PHYSICAL THERAPY	0.187659	115,410			21,658		66
69 ELECTROCARDIOLOGY	0.040370	3,435,780			138,702		69
70 ELECTROENCEPHALOGRAPHY	0.139592	109,007			15,217		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.067794	11,555,560			783,398		71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866	2,205,729			809,207		72
73 DRUGS CHARGED TO PATIENTS	0.041448	7,371,615		63,227	305,539	2,621	73
73.01 OUTPATIENT PHARMACY	2.718347						73.01
76 LITHOTRIPSY							76
76.01 CARDIAC REHABILITATION	0.637687						76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951						76.05
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.396292						90
90.01 OUTPATIENT INFUSION PROCEDURES							90.01
90.02 WOUND CARE	0.282619	647,990			183,134		90.02
90.03 RIVER FOREST	1.119093						90.03
91 EMERGENCY	0.155883	7,353,442			1,146,277		91
92 OBSERVATION BEDS	0.109111						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		63,249,876		63,227	7,490,443	2,621	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		63,249,876		63,227	7,490,443	2,621	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S008) [] 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	1,121,793	40,010,404	0.028038			50
51 RECOVERY ROOM	43,168	4,762,935	0.009063	2,905	26	51
52 DELIVERY ROOM & LABOR ROOM	178,900	6,337,410	0.028229			52
53 ANESTHESIOLOGY	56,731	10,039,459	0.005651			53
54 RADIOLOGY-DIAGNOSTIC	758,664	18,539,049	0.040922	58,331	2,387	54
56 RADIOISOTOPE	54,231	6,388,024	0.008489	7,156	61	56
56.01 ULTRASOUND	109,981	11,165,786	0.009850	10,080	99	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	333,342	45,221,581	0.007371	275,659	2,032	57
59 CARDIAC CATHETERIZATION	461,261	25,909,671	0.017803			59
60 LABORATORY	604,699	77,117,116	0.007841	558,495	4,379	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	108,399	11,690,342	0.009273	27,470	255	65
66 PHYSICAL THERAPY	216,837	20,936,538	0.010357	219,037	2,269	66
69 ELECTROCARDIOLOGY	106,189	23,875,086	0.004448	49,103	218	69
70 ELECTROENCEPHALOGRAPHY	17,598	1,531,416	0.011491	43,138	496	70
71 MEDICAL SUPPLIES CHRGD TO PA	70,845	106,519,865	0.000665	51,748	34	71
72 IMPL. DEV. CHARGED TO PATIENT	49,426	14,176,085	0.003487			72
73 DRUGS CHARGED TO PATIENTS	52,278	110,695,859	0.000472	1,686,055	796	73
73.01 OUTPATIENT PHARMACY	157,795	1,882,130	0.083839			73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION	69,782	797,420	0.087510			76.01
76.05 INPATIENT RENAL DIALYSIS	4,237	3,378,500	0.001254			76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,375	34,578	0.068685			90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE	59,912	4,721,234	0.012690			90.02
90.03 RIVER FOREST	109,653	1,491,803	0.073504			90.03
91 EMERGENCY	432,595	46,505,162	0.009302	25,206	234	91
92 OBSERVATION BEDS	56,396	8,807,072	0.006403			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,237,087	602,534,525		3,014,383	13,286	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
56.01 ULTRASOUND						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION						76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE						90.02
90.03 RIVER FOREST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S008) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)				
	7	8	9	10	11	12	13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	40,010,404									50
51	RECOVERY ROOM	4,762,935			2,905						51
52	DELIVERY ROOM & LABOR ROOM	6,337,410									52
53	ANESTHESIOLOGY	10,039,459									53
54	RADIOLOGY-DIAGNOSTIC	18,539,049			58,331						54
56	RADIOISOTOPE	6,388,024			7,156						56
56.01	ULTRASOUND	11,165,786			10,080						56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	45,221,581			275,659						57
59	CARDIAC CATHETERIZATION	25,909,671									59
60	LABORATORY	77,117,116			558,495						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	11,690,342			27,470						65
66	PHYSICAL THERAPY	20,936,538			219,037						66
69	ELECTROCARDIOLOGY	23,875,086			49,103						69
70	ELECTROENCEPHALOGRAPHY	1,531,416			43,138						70
71	MEDICAL SUPPLIES CHRGED TO P	106,519,865			51,748						71
72	IMPL. DEV. CHARGED TO PATIEN	14,176,085									72
73	DRUGS CHARGED TO PATIENTS	110,695,859			1,686,055						73
73.01	OUTPATIENT PHARMACY	1,882,130									73.01
76	LITHOTRIPSY										76
76.01	CARDIAC REHABILITATION	797,420									76.01
76.05	INPATIENT RENAL DIALYSIS	3,378,500									76.05
76.97	CARDIAC REHABILITATION										76.97
76.98	HYPERBARIC OXYGEN THERAPY										76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	34,578									90
90.01	OUTPATIENT INFUSION PROCEDUR										90.01
90.02	WOUND CARE	4,721,234									90.02
90.03	RIVER FOREST	1,491,803									90.03
91	EMERGENCY	46,505,162			25,206						91
92	OBSERVATION BEDS	8,807,072									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	602,534,525			3,014,383						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S008) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.228010						50
51 RECOVERY ROOM	0.166423						51
52 DELIVERY ROOM & LABOR ROOM	0.444321						52
53 ANESTHESIOLOGY	0.112920						53
54 RADIOLOGY-DIAGNOSTIC	0.237296						54
56 RADIOISOTOPE	0.215165						56
56.01 ULTRASOUND	0.084864						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586						57
59 CARDIAC CATHETERIZATION	0.080497						59
60 LABORATORY	0.117458						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.177126						65
66 PHYSICAL THERAPY	0.187659						66
69 ELECTROCARDIOLOGY	0.040370						69
70 ELECTROENCEPHALOGRAPHY	0.139592						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.067794						71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866						72
73 DRUGS CHARGED TO PATIENTS	0.041448						73
73.01 OUTPATIENT PHARMACY	2.718347						73.01
76 LITHOTRIPSY							76
76.01 CARDIAC REHABILITATION	0.637687						76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951						76.05
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.396292						90
90.01 OUTPATIENT INFUSION PROCEDURES							90.01
90.02 WOUND CARE	0.282619						90.02
90.03 RIVER FOREST	1.119093						90.03
91 EMERGENCY	0.155883						91
92 OBSERVATION BEDS	0.109111						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5526) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
56.01 ULTRASOUND						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION						76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE						90.02
90.03 RIVER FOREST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [] IRF	[] SUB (OTHER) [XX] SNF (14-5526) [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)				
	7	8	9	10	11	12	13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	40,010,404									50
51	RECOVERY ROOM	4,762,935									51
52	DELIVERY ROOM & LABOR ROOM	6,337,410									52
53	ANESTHESIOLOGY	10,039,459			35,193						53
54	RADIOLOGY-DIAGNOSTIC	18,539,049			205,372						54
56	RADIOISOTOPE	6,388,024			27,107						56
56.01	ULTRASOUND	11,165,786			39,198						56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	45,221,581									57
59	CARDIAC CATHETERIZATION	25,909,671									59
60	LABORATORY	77,117,116			1,615,779						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	11,690,342			501,147						65
66	PHYSICAL THERAPY	20,936,538			6,430,868						66
69	ELECTROCARDIOLOGY	23,875,086			131,021						69
70	ELECTROENCEPHALOGRAPHY	1,531,416			6,965						70
71	MEDICAL SUPPLIES CHRGED TO P	106,519,865			2,872,718						71
72	IMPL. DEV. CHARGED TO PATIEN	14,176,085									72
73	DRUGS CHARGED TO PATIENTS	110,695,859			5,396,924						73
73.01	OUTPATIENT PHARMACY	1,882,130									73.01
76	LITHOTRIPSY										76
76.01	CARDIAC REHABILITATION	797,420									76.01
76.05	INPATIENT RENAL DIALYSIS	3,378,500									76.05
76.97	CARDIAC REHABILITATION										76.97
76.98	HYPERBARIC OXYGEN THERAPY										76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	34,578									90
90.01	OUTPATIENT INFUSION PROCEDUR										90.01
90.02	WOUND CARE	4,721,234									90.02
90.03	RIVER FOREST	1,491,803									90.03
91	EMERGENCY	46,505,162									91
92	OBSERVATION BEDS	8,807,072									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	602,534,525			17,262,292						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5526) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM	PPS REIMBURSED	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	WKST C, PT I, COL. 9	SERVICES 2	SERVICES DED & COINS 3	SERVICES DED & COINS 4	SERVICES DED & COINS 5	SERVICES DED & COINS 6	SERVICES DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.228010						50
51 RECOVERY ROOM	0.166423						51
52 DELIVERY ROOM & LABOR ROOM	0.444321						52
53 ANESTHESIOLOGY	0.112920						53
54 RADIOLOGY-DIAGNOSTIC	0.237296						54
56 RADIOISOTOPE	0.215165						56
56.01 ULTRASOUND	0.084864						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586						57
59 CARDIAC CATHETERIZATION	0.080497						59
60 LABORATORY	0.117458						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.177126						65
66 PHYSICAL THERAPY	0.187659						66
69 ELECTROCARDIOLOGY	0.040370						69
70 ELECTROENCEPHALOGRAPHY	0.139592						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.067794						71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866						72
73 DRUGS CHARGED TO PATIENTS	0.041448						73
73.01 OUTPATIENT PHARMACY	2.718347						73.01
76 LITHOTRIPSY							76
76.01 CARDIAC REHABILITATION	0.637687						76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951						76.05
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.396292						90
90.01 OUTPATIENT INFUSION PROCEDURES							90.01
90.02 WOUND CARE	0.282619						90.02
90.03 RIVER FOREST	1.119093						90.03
91 EMERGENCY	0.155883						91
92 OBSERVATION BEDS	0.109111						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/29/2012 15:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,423,853		1,423,853	30,903	46.07	4,135	190,499	30
31 INTENSIVE CARE UNIT	342,538		342,538	4,406	77.74	183	14,226	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	62,410		62,410	3,789	16.47			40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	30,724		30,724	1,552	19.80	794	15,721	43
44 SKILLED NURSING FACILITY	285,548		285,548	9,236	30.92			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,145,073		2,145,073	49,886		5,112	220,446	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,121,793	40,010,404	0.028038		50
51 RECOVERY ROOM	43,168	4,762,935	0.009063		51
52 DELIVERY ROOM & LABOR ROOM	178,900	6,337,410	0.028229		52
53 ANESTHESIOLOGY	56,731	10,039,459	0.005651		53
54 RADIOLOGY-DIAGNOSTIC	758,664	18,539,049	0.040922		54
56 RADIOISOTOPE	54,231	6,388,024	0.008489		56
56.01 ULTRASOUND	109,981	11,165,786	0.009850		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	333,342	45,221,581	0.007371		57
59 CARDIAC CATHETERIZATION	461,261	25,909,671	0.017803		59
60 LABORATORY	604,699	77,117,116	0.007841		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	108,399	11,690,342	0.009273		65
66 PHYSICAL THERAPY	216,837	20,936,538	0.010357		66
69 ELECTROCARDIOLOGY	106,189	23,875,086	0.004448		69
70 ELECTROENCEPHALOGRAPHY	17,598	1,531,416	0.011491		70
71 MEDICAL SUPPLIES CHRGD TO PA	70,845	106,519,865	0.000665		71
72 IMPL. DEV. CHARGED TO PATIENT	49,426	14,176,085	0.003487		72
73 DRUGS CHARGED TO PATIENTS	52,278	110,695,859	0.000472		73
73.01 OUTPATIENT PHARMACY	157,795	1,882,130	0.083839		73.01
76 LITHOTRIPSY					76
76.01 CARDIAC REHABILITATION	69,782	797,420	0.087510		76.01
76.05 INPATIENT RENAL DIALYSIS	4,237	3,378,500	0.001254		76.05
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,375	34,578	0.068685		90
90.01 OUTPATIENT INFUSION PROCEDURE					90.01
90.02 WOUND CARE	59,912	4,721,234	0.012690		90.02
90.03 RIVER FOREST	109,653	1,491,803	0.073504		90.03
91 EMERGENCY	432,595	46,505,162	0.009302		91
92 OBSERVATION BEDS	56,396	8,807,072	0.006403		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	5,237,087	602,534,525			200

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	30,903		4,135		30
31 INTENSIVE CARE UNIT	4,406		183		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	3,789				40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,552		794		43
44 SKILLED NURSING FACILITY	9,236				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	49,886		5,112		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
56.01 ULTRASOUND						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
76 LITHOTRIPSY						76
76.01 CARDIAC REHABILITATION						76.01
76.05 INPATIENT RENAL DIALYSIS						76.05
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT INFUSION PROCEDURE						90.01
90.02 WOUND CARE						90.02
90.03 RIVER FOREST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	40,010,404						50
51 RECOVERY ROOM	4,762,935						51
52 DELIVERY ROOM & LABOR ROOM	6,337,410						52
53 ANESTHESIOLOGY	10,039,459						53
54 RADIOLOGY-DIAGNOSTIC	18,539,049						54
56 RADIOISOTOPE	6,388,024						56
56.01 ULTRASOUND	11,165,786						56.01
57 COMPUTED TOMOGRAPHY (CT) SCA	45,221,581						57
59 CARDIAC CATHETERIZATION	25,909,671						59
60 LABORATORY	77,117,116						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	11,690,342						65
66 PHYSICAL THERAPY	20,936,538						66
69 ELECTROCARDIOLOGY	23,875,086						69
70 ELECTROENCEPHALOGRAPHY	1,531,416						70
71 MEDICAL SUPPLIES CHRGED TO P	106,519,865						71
72 IMPL. DEV. CHARGED TO PATIEN	14,176,085						72
73 DRUGS CHARGED TO PATIENTS	110,695,859						73
73.01 OUTPATIENT PHARMACY	1,882,130						73.01
76 LITHOTRIPSY							76
76.01 CARDIAC REHABILITATION	797,420						76.01
76.05 INPATIENT RENAL DIALYSIS	3,378,500						76.05
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	34,578						90
90.01 OUTPATIENT INFUSION PROCEDUR							90.01
90.02 WOUND CARE	4,721,234						90.02
90.03 RIVER FOREST	1,491,803						90.03
91 EMERGENCY	46,505,162						91
92 OBSERVATION BEDS	8,807,072						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	602,534,525						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.228010						50
51 RECOVERY ROOM	0.166423						51
52 DELIVERY ROOM & LABOR ROOM	0.444321						52
53 ANESTHESIOLOGY	0.112920						53
54 RADIOLOGY-DIAGNOSTIC	0.237296						54
56 RADIOISOTOPE	0.215165						56
56.01 ULTRASOUND	0.084864						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586						57
59 CARDIAC CATHETERIZATION	0.080497						59
60 LABORATORY	0.117458						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.177126						65
66 PHYSICAL THERAPY	0.187659						66
69 ELECTROCARDIOLOGY	0.040370						69
70 ELECTROENCEPHALOGRAPHY	0.139592						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.067794						71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866						72
73 DRUGS CHARGED TO PATIENTS	0.041448						73
73.01 OUTPATIENT PHARMACY	2.718347						73.01
76 LITHOTRIPSY							76
76.01 CARDIAC REHABILITATION	0.637687						76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951						76.05
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.396292						90
90.01 OUTPATIENT INFUSION PROCEDURES							90.01
90.02 WOUND CARE	0.282619						90.02
90.03 RIVER FOREST	1.119093						90.03
91 EMERGENCY	0.155883						91
92 OBSERVATION BEDS	0.109111						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0008) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	30,903	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,903	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,679	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)	16,768	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)	24,261,488	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	24,261,488	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,517,353	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61,517,353	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.394384	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	2,072.76	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)	24,261,488	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0008) [] 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) 785.09 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,164,389 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) 13,164,389 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	7,407,763	4,406	1,681.29	2,160	3,631,586	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)					16,070,867	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					32,866,842	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 940,420 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,033,072 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,973,492 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 30,893,350 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 1,224 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 785.09 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 960,950 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST	1,423,853	24,261,488	0.058688	960,950	56,396	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S008)			[]	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)	574.32	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,109,477	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,109,477	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	228,688	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,338,165	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	60,494	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	13,286	51
52 TOTAL PROGRAM EXCLUDABLE COST	73,780	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,264,385	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5526)			[]	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)	9,236	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,236	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,236	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,515	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,769,043	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,769,043	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,769,043	37							

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 15:38

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5526) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	4,769,043	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	516.35	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,880,370	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,880,370	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,880,370	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,971,934	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,852,304	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0008) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	30,903	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,903	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,679	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,135	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)	1,552	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	794	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)	24,240,978	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	24,240,978	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,517,353	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61,517,353	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.394051	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	2,072.76	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)	24,240,978	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0008)	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				784.42	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				3,243,577	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				3,243,577	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	613,867	1,552	395.53	794	314,051
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	7,407,763	4,406	1,681.29	183	307,676
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,865,304

PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					220,446
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					51
52 TOTAL PROGRAM EXCLUDABLE COST					220,446
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

TARGET AMOUNT AND LIMIT COMPUTATION					
54 PROGRAM DISCHARGES					54
55 TARGET AMOUNT PER DISCHARGE					55
56 TARGET AMOUNT (LINE 54 x LINE 55)					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58 BONUS PAYMENT (SEE INSTRUCTIONS)					58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)					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 INSTRUCTIONS) (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)				1,224	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
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 (14-0008) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		34,750,283		30
31 INTENSIVE CARE UNIT		10,972,139		31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.228010	6,949,023	1,584,447	50
51 RECOVERY ROOM	0.166423	2,008,268	334,222	51
52 DELIVERY ROOM & LABOR ROOM	0.444321	22,716	10,093	52
53 ANESTHESIOLOGY	0.129664	2,060,181	267,131	53
54 RADIOLOGY-DIAGNOSTIC	0.237296	4,882,087	1,158,500	54
56 RADIOISOTOPE	0.215165	1,138,334	244,930	56
56.01 ULTRASOUND	0.084864	1,110,154	94,212	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586	7,208,803	393,500	57
59 CARDIAC CATHETERIZATION	0.080497	6,004,252	483,324	59
60 LABORATORY	0.117458	23,280,497	2,734,481	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177126	5,989,718	1,060,935	65
66 PHYSICAL THERAPY	0.187659	2,977,511	558,757	66
69 ELECTROCARDIOLOGY	0.040903	6,054,781	247,659	69
70 ELECTROENCEPHALOGRAPHY	0.139592	211,229	29,486	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.067794	35,535,681	2,409,106	71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866	3,922,771	1,439,131	72
73 DRUGS CHARGED TO PATIENTS	0.041448	44,228,755	1,833,193	73
73.01 OUTPATIENT PHARMACY	2.718347			73.01
76 LITHOTRIPSY				76
76.01 CARDIAC REHABILITATION	0.637687			76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951			76.05
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.396292			90
90.01 OUTPATIENT INFUSION PROCEDURES				90.01
90.02 WOUND CARE	0.282619	1,739	491	90.02
90.03 RIVER FOREST	1.119093			90.03
91 EMERGENCY	0.155883	7,616,413	1,187,269	91
92 OBSERVATION BEDS	0.109111			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		161,202,913	16,070,867	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		161,202,913		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S008) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		7,959,391		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.228010			50
51 RECOVERY ROOM	0.166423	2,905	483	51
52 DELIVERY ROOM & LABOR ROOM	0.444321			52
53 ANESTHESIOLOGY	0.129664			53
54 RADIOLOGY-DIAGNOSTIC	0.237296	58,331	13,842	54
56 RADIOISOTOPE	0.215165	7,156	1,540	56
56.01 ULTRASOUND	0.084864	10,080	855	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586	275,659	15,047	57
59 CARDIAC CATHETERIZATION	0.080497			59
60 LABORATORY	0.117458	558,495	65,600	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177126	27,470	4,866	65
66 PHYSICAL THERAPY	0.187659	219,037	41,104	66
69 ELECTROCARDIOLOGY	0.040903	49,103	2,008	69
70 ELECTROENCEPHALOGRAPHY	0.139592	43,138	6,022	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.067794	51,748	3,508	71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866			72
73 DRUGS CHARGED TO PATIENTS	0.041448	1,686,055	69,884	73
73.01 OUTPATIENT PHARMACY	2.718347			73.01
76 LITHOTRIPSY				76
76.01 CARDIAC REHABILITATION	0.637687			76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951			76.05
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.396292			90
90.01 OUTPATIENT INFUSION PROCEDURES				90.01
90.02 WOUND CARE	0.282619			90.02
90.03 RIVER FOREST	1.119093			90.03
91 EMERGENCY	0.155883	25,206	3,929	91
92 OBSERVATION BEDS	0.109111			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,014,383	228,688	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,014,383		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5526) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.228010			50
51 RECOVERY ROOM	0.166423			51
52 DELIVERY ROOM & LABOR ROOM	0.444321			52
53 ANESTHESIOLOGY	0.112920	35,193	3,974	53
54 RADIOLOGY-DIAGNOSTIC	0.237296	205,372	48,734	54
56 RADIOISOTOPE	0.215165	27,107	5,832	56
56.01 ULTRASOUND	0.084864	39,198	3,326	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586			57
59 CARDIAC CATHETERIZATION	0.080497			59
60 LABORATORY	0.117458	1,615,779	189,786	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177126	501,147	88,766	65
66 PHYSICAL THERAPY	0.187659	6,430,868	1,206,810	66
69 ELECTROCARDIOLOGY	0.040370	131,021	5,289	69
70 ELECTROENCEPHALOGRAPHY	0.139592	6,965	972	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.067794	2,872,718	194,753	71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866			72
73 DRUGS CHARGED TO PATIENTS	0.041448	5,396,924	223,692	73
73.01 OUTPATIENT PHARMACY	2.718347			73.01
76 LITHOTRIPSY				76
76.01 CARDIAC REHABILITATION	0.637687			76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951			76.05
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.396292			90
90.01 OUTPATIENT INFUSION PROCEDURES				90.01
90.02 WOUND CARE	0.282619			90.02
90.03 RIVER FOREST	1.119093			90.03
91 EMERGENCY	0.155883			91
92 OBSERVATION BEDS	0.109111			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		17,262,292	1,971,934	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		17,262,292		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.228010			50
51 RECOVERY ROOM	0.166423			51
52 DELIVERY ROOM & LABOR ROOM	0.444321			52
53 ANESTHESIOLOGY	0.112920			53
54 RADIOLOGY-DIAGNOSTIC	0.237296			54
56 RADIOISOTOPE	0.215165			56
56.01 ULTRASOUND	0.084864			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054586			57
59 CARDIAC CATHETERIZATION	0.080497			59
60 LABORATORY	0.117458			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177126			65
66 PHYSICAL THERAPY	0.187659			66
69 ELECTROCARDIOLOGY	0.040370			69
70 ELECTROENCEPHALOGRAPHY	0.139592			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.067794			71
72 IMPL. DEV. CHARGED TO PATIENT	0.366866			72
73 DRUGS CHARGED TO PATIENTS	0.041448			73
73.01 OUTPATIENT PHARMACY	2.718347			73.01
76 LITHOTRIPSY				76
76.01 CARDIAC REHABILITATION	0.637687			76.01
76.05 INPATIENT RENAL DIALYSIS	0.131951			76.05
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.396292			90
90.01 OUTPATIENT INFUSION PROCEDURES				90.01
90.02 WOUND CARE	0.282619			90.02
90.03 RIVER FOREST	1.119093			90.03
91 EMERGENCY	0.155883			91
92 OBSERVATION BEDS	0.109111			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0008)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	25,469,659	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	500,181	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,915,035	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	205.66	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	2.54	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.	0.57	7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	1.97	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	2.98	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.97	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.97	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	1.19	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.71	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	1.71	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.008315	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.006878	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.006878	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	110,281	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	1.01	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	110,281	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0357	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1434	31
32	SUM OF LINES 30 AND 31	0.1791	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0439	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,118,118	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	27,198,239	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	27,198,239	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,091,584	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0008)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	49,947	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,339,770	59
60	PRIMARY PAYER PAYMENTS	868	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,338,902	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,611,812	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	229,096	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	358,663	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	251,064	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	325,931	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	26,749,058	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	26,749,058	71
72	INTERIM PAYMENTS	26,465,008	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	284,050	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S008) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5526)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0008) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT		MM/DD/YYYY		AMOUNT	
	1	2	3	4	3	4	1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,413,956		6,341,646			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	04/20/2012	20,850	04/20/2012	861	3.01		
	.02	06/29/2012	30,202	06/29/2012	197	3.02		
	PROGRAM .03					3.03		
	TO .04					3.04		
	PROVIDER .05					3.05		
	.06					3.06		
	.07					3.07		
	.08					3.08		
	.09					3.09		
	.50		NONE		NONE	3.50		
	.51					3.51		
	PROVIDER .52					3.52		
	TO .53					3.53		
	PROGRAM .54					3.54		
	.55					3.55		
	.56					3.56		
	.57					3.57		
	.58					3.58		
	.59					3.59		
	.99		51,052		1,058	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)			26,465,008		6,342,704		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		284,050		255,817	6.01		
	TO .02					6.02		
	PROVIDER .03							
	PROVIDER .04							
	TO .05							
	PROGRAM .06							
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			26,749,058		6,598,521		7	
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		NPR DATE:		8	

PROVIDER CCN: 14-0008 GOTTLIEB MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 15:38

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0008) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	6,958	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	18,928	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,884	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	34,085	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	705,920,373	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	30,316,433	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S008)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,132,287	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.352459	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,132,287	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,132,287	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,132,287	18
19	DEDUCTIBLES		19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,132,287	20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,132,287	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	10,898	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,629	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8,917	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,139,916	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,139,916	31
32	INTERIM PAYMENTS	3,132,287	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	7,629	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT	
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT 3,373,254 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS 2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS 3
4	SUBTOTAL (SUM OF LINES 1-3) 3,373,254 4
COMPUTATION OF NET COST OF COVERED SERVICES	
5	MEDICAL AND OTHER SERVICES 5
6	DEDUCTIBLES 6
7	COINSURANCE 225,550 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 10,898 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) 8,917 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 10,304 10
11	UTILIZATION REVIEW 11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS) 3,158,008 12
13	INPATIENT PRIMARY PAYER PAYMENTS 13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14) 3,158,008 15
16	INTERIM PAYMENTS 3,147,704 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) 17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17) 10,304 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	3,865,304		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,865,304		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,865,304		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	3,865,304		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1.54 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)		0.23 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 ADJUSTED 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)		1.31 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		2.95 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		1.31 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.87	1.00	2.87 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	0.83	0.44	1.27 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	0.83	0.44	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	0.91		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.10		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	0.95	0.15	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	0.95	0.15	17
18	PER RESIDENT AMOUNT	80,677.36	80,677.36	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	76,643	12,102	88,745 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 UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			1.64 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)			88,745 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	22,601	2,884	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	37,874	37,874	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.596742	0.076147	28
29	PROGRAM DIRECT GME AMOUNT	52,958	6,758	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		955	30
31	NET PROGRAM DIRECT GME AMOUNT			58,761 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			42,458,631 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			868 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			42,457,763 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			7,493,064 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			268 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			7,492,796 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			49,950,559 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.849996 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.150004 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			58,761 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49,947 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			8,814 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			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 ADJUSTED 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
		PRIMARY CARE 1	OTHER 2	TOTAL 3
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 UNWEIGHTED 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 (SEE INSTRUCTIONS)	4,318		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	37,874		27
29	PROGRAM DIRECT GME AMOUNT	0.114010		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 × 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	10,803,190			1
2	TEMPORARY INVESTMENTS	13,944,361			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20,688,292			4
5	OTHER RECEIVABLES	2,760,728			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,799,000			6
7	INVENTORY	2,874,627			7
8	PREPAID EXPENSES	415,505			8
9	OTHER CURRENT ASSETS	92,928			9
10	DUE FROM OTHER FUNDS	21,462,049			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	69,242,680			11
FIXED ASSETS					
12	LAND	12,500,000			12
13	LAND IMPROVEMENTS	860,417			13
14	ACCUMULATED DEPRECIATION	-33,357			14
15	BUILDINGS	50,256,696			15
16	ACCUMULATED DEPRECIATION	-3,148,369			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	4,241,293			19
20	ACCUMULATED DEPRECIATION	-66,136			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	17,465,481			23
24	ACCUMULATED DEPRECIATION	-3,629,915			24
25	MINOR EQUIPMENT DEPRECIABLE	4,590,044			25
26	ACCUMULATED DEPRECIATION	-121,072			26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	82,915,082			30
OTHER ASSETS					
31	INVESTMENTS	101,500			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	436,174			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	537,674			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	152,695,436			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	18,200,346			37
38	SALARIES, WAGES & FEES PAYABLE	6,780,993			38
39	PAYROLL TAXES PAYABLE	99,096			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	120,340			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	13,880,130			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	39,080,905			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	5,433,840			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	33,678,269			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	39,112,109			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	78,193,014			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	74,502,422			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)	74,502,422			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	152,695,436			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		57,028,514							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-16,907,841							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		40,120,673							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		40,120,673							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		-34,381,749							12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		-34,381,749							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		74,502,422							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	84,661,676		84,661,676	2
3 SUBPROVIDER IPF	8,210,763		8,210,763	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	6,364,566		6,364,566	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	99,237,005		99,237,005	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)	99,237,005		99,237,005	18
19 ANCILLARY SERVICES	348,360,210	250,597,626	598,957,836	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		3,507,350	3,507,350	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	447,597,215	254,104,976	701,702,191	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		133,316,007	29
30 ADD (SPECIFY)			30
31 BAD DEBTS			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		133,316,007	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	701,702,191	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	585,294,025	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	116,408,166	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	133,316,007	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-16,907,841	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		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 (DAY CARE)		24
24.01	OTHER (REFERENCE LAB)		24.01
24.02	OTHER (MISCELLANEOUS)		24.02
24.03	OTHER (GAIN ON DISPOSALS)		24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)		25
26	TOTAL (LINE 5 PLUS LINE 25)	-16,907,841	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-16,907,841	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL	445,261		42,857		95,747	583,865
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	751,235					751,235
8 PHYSICAL THERAPY	346,354					346,354
9 OCCUPATIONAL THERAPY	37,532					37,532
10 SPEECH PATHOLOGY	12					12
11 MEDICAL SOCIAL SERVICES	55,971					55,971
12 HOME HEALTH AIDE	53,094					53,094
13 SUPPLIES (SEE INSTRUCTIONS)					36,819	36,819
14 DRUGS						
15 DME						
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						15
18 RESPIRATORY THERAPY						16
19 PRIVATE DUTY NURSING						17
20 CLINIC						18
21 HEALTH PROMOTION ACTIVITIES						19
22 DAY CARE PROGRAM						20
23 HOME DELIVERED MEALS PROGRAM						21
24 HOMEMAKER SERVICE						22
25 ALL OTHERS						23
26 TOTAL (SUM OF LINES 1-23)	1,689,459		42,857		132,566	1,864,882

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5		583,865		583,865	5
6		751,235		751,235	6
7		346,354		346,354	7
8		37,532		37,532	8
9		12		12	9
10		55,971		55,971	10
11		53,094		53,094	11
12		36,819		36,819	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24		1,864,882		1,864,882	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7255

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	583,865				583,865	583,865		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	751,235				751,235	342,401	1,093,636	8
9	PHYSICAL THERAPY	346,354				346,354	157,862	504,216	9
10	OCCUPATIONAL THERAPY	37,532				37,532	17,106	54,638	10
11	SPEECH PATHOLOGY	12				12	5	17	11
12	MEDICAL SOCIAL SERVICES	55,971				55,971	25,511	81,482	12
13	HOME HEALTH AIDE	53,094				53,094	24,199	77,293	13
14	SUPPLIES (SEE INSTRUCTIONS)	36,819				36,819	16,781	53,600	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	1,864,882				1,864,882		1,864,882	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-583,865	1,281,017	5
6 SKILLED NURSING CARE						751,235	6
7 PHYSICAL THERAPY						346,354	7
8 OCCUPATIONAL THERAPY						37,532	8
9 SPEECH PATHOLOGY						12	9
10 MEDICAL SOCIAL SERVICES						55,971	10
11 HOME HEALTH AIDE						53,094	11
12 SUPPLIES (SEE INSTRUCTIONS)						36,819	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-583,865	1,281,017	24
25 COST TO BE ALLOC (PER W/S H)						583,865	25
26 UNIT COST MULTIPLIER						0.455782	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7255

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	586,753		586,753			1
2 SKILLED NURSING CARE	1,609,378		1,609,378	345,823	1,955,201	2
3 PHYSICAL THERAPY	741,997		741,997	159,440	901,437	3
4 OCCUPATIONAL THERAPY	80,405		80,405	17,277	97,682	4
5 SPEECH PATHOLOGY	26		26	6	32	5
6 MEDICAL SOCIAL SERVICES	119,907		119,907	25,765	145,672	6
7 HOME HEALTH AIDE	113,744		113,744	24,441	138,185	7
8 SUPPLIES	65,158		65,158	14,001	79,159	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	3,317,368		3,317,368	586,753	3,317,368	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.214879		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINT REQS	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL		17,689		445,262		156,296	5,107	1
2 SKILLED NURSING CARE				751,235		1,323,891		2
3 PHYSICAL THERAPY				346,354		610,375		3
4 OCCUPATIONAL THERAPY				37,532		66,142		4
5 SPEECH PATHOLOGY				12		21		5
6 MEDICAL SOCIAL SERVICES				55,971		98,637		6
7 HOME HEALTH AIDE				53,094		93,567		7
8 SUPPLIES						53,600		8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		17,689		1,689,460		2,402,529	5,107	20
21 TOTAL COST TO BE ALLOCATED		19,821		517,826		518,086	7,722	21
22 UNIT COST MULTIPLIER							1.512042	22
22 UNIT COST MULTIPLIER		1.120527		0.306504		0.215642		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINI- STRATION (FTES SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENERAL		1,234		2,350		2,350	37,206	1,395	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		1,234		2,350		2,350	37,206	1,395	20
21 TOTAL COST TO BE ALLOCATED		153,216		42,676		181,380	9,085	2,674	21
22 UNIT COST MULTIPLIER							0.244181		22
22 UNIT COST MULTIPLIER		124.162075		18.160000		77.182979		1.916846	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7255

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,955,201		1,955,201	8,773	222.87	1
2	PHYSICAL THERAPY	3	901,437	200,278	1,101,715	5,473	201.30	2
3	OCCUPATIONAL THERAPY	4	97,682		97,682	609	160.40	3
4	SPEECH PATHOLOGY	5	32		32	24	1.33	4
5	MEDICAL SOCIAL SERVICES	6	145,672		145,672	660	220.72	5
6	HOME HEALTH AIDE	7	138,185		138,185	1,758	78.60	6
7	TOTAL (SUM OF LINES 1-6)		3,238,209	200,278	3,438,487	17,297		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)			
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	79,159	4,843	84,002			15
16	COST OF DRUGS	9		90	90			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7255

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A		PART B		PART A		PART B		
PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12	13	
1 SKILLED NURSING CARE	4,222	2,577		940,957	574,336		1,515,293		1
2 PHYSICAL THERAPY	2,782	1,027		560,017	206,735		766,752		2
3 OCCUPATIONAL THERAPY	273	122		43,789	19,569		63,358		3
4 SPEECH PATHOLOGY	1	4		1	5		6		4
5 MEDICAL SOCIAL SERVICES	368	189		81,225	41,716		122,941		5
6 HOME HEALTH AIDE	707	1,001		55,570	78,679		134,249		6
7 TOTAL (SUM OF LINES 1-6)	8,353	4,920		1,681,559	921,040		2,602,599		7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART B
		2	3	4	
8 SKILLED NURSING CARE	16974	4,222	2,577		8
9 PHYSICAL THERAPY	16974	2,782	1,027		9
10 OCCUPATIONAL THERAPY	16974	273	122		10
11 SPEECH PATHOLOGY	16974	1	4		11
12 MEDICAL SOCIAL SERVICES	16974	368	189		12
13 HOME HEALTH AIDE	16974	707	1,001		13
14 TOTAL (SUM OF LINES 8-13)		8,353	4,920		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES			
	PART A		PART B		PART A		PART B	
OTHER PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
	6	7	8	9	10	11	12	13
15 COST OF MEDICAL SUPPLIES								15
16 COST OF DRUGS								16

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

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	TO PART I AS INDICATED
1 PHYSICAL THERAPY	0.187659	1,067,245	200,278	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY		120,430		COL 2, LINE 3	2
3 SPEECH PATHOLOGY		4,680		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.067794	71,441	4,843	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.041448	2,168	90	COL 2, LINE 16	5
5.01 OUTPATIENT PHARMACY	2.718347			COL 2, LINE 16	5.01

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7255

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PART A & PART B SERVICES			
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			
2 TOTAL CHARGES	2,603,680		
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,603,680		
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,603,680		
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			
9 PRIMARY PAYER PAYMENTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,350,186	740,020	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		3,815	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	19,158	15,952	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	9,576	3,499	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		265	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,378,920	763,551	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,378,920	763,551	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,378,920	763,551	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,378,920	763,551	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,378,920	763,551	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,378,920	763,551	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER 5	TOTAL (COLS. 1-5) 6
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	104,534			18,811	46,176	169,521
7 INPATIENT CARE SERVICE						
8 INPATIENT - GENERAL CARE						7
9 INPATIENT - RESPITE CARE						8
10 VISITING SERVICES						
11 PHYSICIAN SERVICES						9
12 NURSING CARE	88,800					88,800
13 NURSING CARE-CONTINUOUS HOME CARE						11
14 PHYSICAL THERAPY						12
15 OCCUPATIONAL THERAPY						13
16 SPEECH/LANGUAGE PATHOLOGY						14
17 MEDICAL SOCIAL SERVICES	17,364					17,364
18 SPIRITUAL COUNSELING	5,619					5,619
19 DIETARY COUNSELING						16
20 COUNSELING - OTHER	18,324					18,324
21 HOME HEALTH AIDE AND HOMEMAKER	20,253					20,253
22 HH AIDE & HOMEMAKER-CONT. HOME CARE						19
23 OTHER						20
24 OTHER HOSPICE SERVICE COSTS						21
25 DRUGS, BIOLOGICAL & INFUSION THERAPY					31,186	31,186
26 ANALGESICS						22
27 SEDATIVES/HYPNOTICS						23
28 OTHER - SPECIFY						24
29 DURABLE MEDICAL EQUIPMENT/OXYGEN						25
30 PATIENT TRANSPORTATION						26
31 IMAGING SERVICES						27
32 LABS AND DIAGNOSTICS						28
33 MEDICAL SUPPLIES					3,679	3,679
34 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						29
35 RADIATION THERAPY						30
36 CHEMOTHERAPY						31
37 OTHER						32
38 HOSPICE NONREIMBURSABLE SERVICE						33
39 BEREAVEMENT PROGRAM COSTS						34
40 VOLUNTEER PROGRAM COSTS						35
41 FUNDRAISING						36
42 OTHER PROGRAM COSTS						37
43 TOTAL (SUM OF LINES 1-38)	254,894			18,811	81,041	354,746

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6		169,521		169,521	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39					39
	72,000	390,746		390,746	

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1561

WORKSHEET K-1

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

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1561 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								18,811
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								18,811
45									18,811
46									39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1561

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDG COSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									6
7 ADMINISTRATIVE AND GENERAL	169,521						169,521	169,521	7
8 INPATIENT CARE SERVICE									8
9 INPATIENT - GENERAL CARE									9
10 INPATIENT - RESPITE CARE									10
11 VISITING SERVICES									11
12 PHYSICIAN SERVICES	36,000						36,000	27,586	12
13 NURSING CARE	88,800						88,800	68,046	13
14 NURSING CARE-CONTINUOUS HOME									14
15 PHYSICAL THERAPY									15
16 OCCUPATIONAL THERAPY									16
17 SPEECH/LANGUAGE PATHOLOGY									17
18 MEDICAL SOCIAL SERVICES	17,364						17,364	13,306	18
19 SPIRITUAL COUNSELING	5,619						5,619	4,306	19
20 DIETARY COUNSELING									20
21 COUNSELING - OTHER	18,324						18,324	14,041	21
22 HH AIDE AND HOMEMAKER	20,253						20,253	15,520	22
23 HH AIDE & HMKR-CONT. HOME CA									23
24 OTHER									24
25 OTHER HOSPICE SERVICE COSTS									25
26 DRUGS, BIOL. & INFUS. THER.	31,186						31,186	23,897	26
27 ANALGESICS									27
28 SEDATIVES / HYPNOTICS									28
29 OTHER - SPECIFY									29
30 DURABLE MED. EQUIP./OXYGEN									30
31 PATIENT TRANSPORTATION									31
32 IMAGING SERVICES									32
33 LABS AND DIAGNOSTICS									33
34 MEDICAL SUPPLIES	3,679						3,679	2,819	34
35 OUTPAT.SERV.(INCL.E/R DEPT.)									35
36 RADIATION THERAPY									36
37 CHEMOTHERAPY									37
38 OTHER									38
39 HOSPICE NONREIMBURSABLE SERV.									39
40 BEREAVEMENT PROGRAM COSTS									40
41 VOLUNTEER PROGRAM COSTS									41
42 FUNDRAISING									42
43 OTHER PROGRAM COSTS									43
44 TOTAL (SUM OF LINES 1-38)	390,746						390,746		44

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1561

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	139,584		139,584			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	78,352		78,352	20,554	98,906	4
5 NURSING CARE	223,756		223,756	58,700	282,456	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	43,753		43,753	11,478	55,231	10
11 SPIRITUAL COUNSELING	14,159		14,159	3,714	17,873	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER	46,171		46,171	12,112	58,283	13
14 HOME HLTH AIDE & HOMEMAKERS	51,034		51,034	13,388	64,422	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	66,961		66,961	17,566	84,527	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES	7,899		7,899	2,072	9,971	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	671,669		671,669		671,669	34
35 UNIT COST MULTIPLIER				0.262334		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1561

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINT REQS	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL				104,534		32,040		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES						63,586	697	4
5 NURSING CARE				88,800		184,064		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				17,364		35,992		10
11 SPIRITUAL COUNSELING				5,619		11,647		11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER				18,324		37,981		13
14 HOME HLTH AIDE & HOMEMAKERS				20,253		41,981		14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO						55,083		17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES						6,498		25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)				254,894		468,872	697	34
35 TOTAL COST TO BE ALLOCATED				78,126		101,108	1,054	35
36 UNIT COST MULTIPLIER				0.306504		0.215641	1.512195	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1561

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINI- STRATION (FTES SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENERAL		9,146		23,987		44,722	2,854	93,173	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE									5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE									10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)		9,146		23,987		44,722	2,854	93,173	34
35 TOTAL COST TO BE ALLOCATED		6,953		6,283		26,705	913	59,781	35
36 UNIT COST MULTIPLIER		0.760223		0.261934		0.597133	0.319902	0.641613	36

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1561

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.187659		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.041448		4
4.01	OUTPATIENT PHARMACY	73.01	2.718347		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.117458		6
7	MEDICAL SUPPLIES	71	0.067794		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	LITHOTRIPSY	76			10
10.01	CARDIAC REHABILITATION	76.01	0.637687		10.01
10.05	INPATIENT RENAL DIALYSIS	76.05	0.131951		10.05
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1561

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				671,669	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				5,122	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				131.13	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	5,122				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	671,648				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)					12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)					13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-000) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	2,062,455	1
2	CAPITAL DRG OUTLIER PAYMENTS	18,404	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	93.13	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	1.71	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0052	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	10,725	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,091,584	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
56.01 ULTRASOUND					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 OUTPATIENT PHARMACY					73.01
76 LITHOTRIPSY					76
76.01 CARDIAC REHABILITATION					76.01
76.05 INPATIENT RENAL DIALYSIS					76.05
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 OUTPATIENT INFUSION PROCEDURES					90.01
90.02 WOUND CARE					90.02
90.03 RIVER FOREST					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 NON-EMPLOYEE CHILD CARE CENTER					192.01
193 NONPAID WORKERS					193

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204